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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Cornell University

% UNIVERSITY CONTROLLER

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

341 PINE TREE ROAD

City or town, state or province, country, and ZIP or foreign postal code

ITHACA, NY 14850

D Employer identification number

15-0532082

E Telephone number

(607) 255-3790

G Gross receipts \$ 10,757,220,804

F Name and address of principal officer

MARTHA E POLLACK PRESIDENT

341 PINE TREE ROAD

ITHACA, NY 14850

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CORNELL.EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1865

M State of legal domicile NY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

EDUCATION, RESEARCH, MEDICAL SERVICES AND OTHER PUBLIC SERVICES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶68,557,811

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2020-05-06

Date

JOANNE M DESTEFANO exec_dir - payroll & tax services

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00916443

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 200 CLARENDON STREET

Phone no (617) 266-2000

BOSTON, MA 021165072

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 1,519,224,000 including grants of \$ 447,464,555) (Revenue \$ 1,179,730,445)
See Additional Data

4b (Code) (Expenses \$ 1,313,619,000 including grants of \$ 0) (Revenue \$ 1,116,384,125)
See Additional Data

4c (Code) (Expenses \$ 854,492,117 including grants of \$ 228,963,963) (Revenue \$ 854,492,117)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 838,679,243 including grants of \$ 0) (Revenue \$ 1,045,984,720)

4e Total program service expenses ► 4,526,014,360

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 43,506	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	42,253	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b If "Yes," enter the name of the foreign country ►UK, AS, IT, HK, QA, CH See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		4
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	Yes	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		No
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
13	Did the organization have a written whistleblower policy?		No
14	Did the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

►UNIVERSITY CONTROLLER 341 PINE TREE ROAD ITHACA, NY 148502820 (607) 255-3581

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

□

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	40,415,934	0	1,025,553

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 4,825

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BNY MELLON, 101 BARCLAY STREET NEW YORK, NY 10007	INVESTMENTS	36,749,216
GEMINI CONSULTING SERVICES LLC, 3636 S GEYER ROAD SUITE 270 SUNSET HILLS, MO 63127	CONSULTING	10,538,790
EBPA LLC, PO BOX 1316 WILLISTON, VT 05495	Administrative svcs	4,841,032
JP Reilly Construction, 559 Turnpike Rd FRIENDSVILLE, PA 18818	CONSTRUCTION	4,490,945
EMBLEM HEALTH SERVICES COMPANY LLC, PO BOX 291401 NEW YORK, NY 10087	MEDICAL SERVICES	3,854,738

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 209</p>	
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☒

Contributions, Gifts, Grants
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns	1a				
b	Membership dues	1b	855,740			
c	Fundraising events	1c	3,414,305			
d	Related organizations	1d	38,937,322			
e	Government grants (contributions)	1e	25,338,099			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	352,181,077			
g	Noncash contributions included in lines 1a - 1f \$ <u>54,869,111</u>					
h Total.	Add lines 1a-1f		420,726,543			

Program Service Revenue

		Business Code				
2a	EDUCATION TUITION	900099	1,178,581,529	1,178,581,529		
b	GRANTS & CONTRACTS FOR RESEARCH	900099	854,492,117	854,492,117		
c	MEDICAL SERVICES	900099	1,116,384,125	1,116,384,125		
d	LAND GRANT MISSION GOVT APPROP	900099	151,420,502	151,420,502		
e	AUXILIARY ENTERPRISES - ROOM & BOARD	900099	166,441,879			166,441,879
f	All other program service revenue		729,271,255	637,214,650	1,958,596	90,098,009
g Total.	Add lines 2a-2f		4,196,591,407			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		68,622,694		-48,580,952	117,203,646
4	Income from investment of tax-exempt bond proceeds		0			
5	Royalties		25,042,173			25,042,173
6a	Gross rents	(i) Real (ii) Personal				
b	Less rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss)		1,822,560		130,785	1,691,775
7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b	Less cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss)		282,329,181		540,727	281,788,454
8a	Gross income from fundraising events (not including \$ <u>3,414,305</u> of contributions reported on line 1c) See Part IV, line 18	a	865,255			
b	Less direct expenses	b	2,430,441			
c	Net income or (loss) from fundraising events		-1,565,186			-1,565,186
9a	Gross income from gaming activities See Part IV, line 19	a	0			
b	Less direct expenses	b	0			
c	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less returns and allowances	a	24,772,737			
b	Less cost of goods sold	b	16,355,265			
c	Net income or (loss) from sales of inventory		8,417,472		-582,277	8,999,749
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e Total.	Add lines 11a-11d		0			
12 Total revenue.	See Instructions		5,001,986,844	3,938,092,923	-46,533,121	689,700,499

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	74,987,195	74,987,195		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	447,464,555	447,464,555		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	153,976,768	153,976,768		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	11,084,955	7,702,786	3,160,470	221,699
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	4,504,772	4,504,772		
7 Other salaries and wages.	2,217,861,803	2,113,707,943	62,869,832	41,284,028
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	79,352,475	75,625,973	2,249,408	1,477,094
9 Other employee benefits.	490,088,111	464,768,219	15,615,508	9,704,384
10 Payroll taxes.	43,689,510	41,637,790	1,238,469	813,251
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	11,912,910		11,906,095	6,815
c Accounting.	1,536,672		1,536,672	
d Lobbying.	570,637		570,637	
e Professional fundraising services. See Part IV, line 17.	1,180,650			1,180,650
f Investment management fees.	36,749,216		36,749,216	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	259,018,100	245,613,797	10,685,144	2,719,159
12 Advertising and promotion.	0			
13 Office expenses.	48,990,876	44,444,956	202,120	4,343,800
14 Information technology.	39,945,039	35,950,535	3,994,504	
15 Royalties.	4,871,629		4,871,629	
16 Occupancy.	207,190,162	204,459,299	2,537,724	193,139
17 Travel.	63,685,800	60,833,224	780,123	2,072,453
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	27,466,791	20,715,400	2,301,711	4,449,680
20 Interest.	68,622,694		68,622,694	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	303,527,179	273,174,461	30,352,718	
23 Insurance.	50,897,620	45,807,858	5,089,762	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MAINTENANCE	17,849,314	12,780,116	5,053,097	16,101
b MEDICAL SUPPLIES	93,785,449	93,785,449		
c LAB & COMPUTER SUPPLIES	50,532,082	47,915,268	2,616,814	
d STUDENT AND CAMPUS SERVICES	56,948,726	56,157,996	715,172	75,558
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	4,868,291,690	4,526,014,360	273,719,519	68,557,811
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		84,579,169	1	193,532,521
	2	Savings and temporary cash investments		118,904,810	2	4,375,230
	3	Pledges and grants receivable, net		819,608,639	3	796,992,646
	4	Accounts receivable, net		446,218,744	4	466,112,839
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		73,771,691	7	69,393,649
	8	Inventories for sale or use		10,656,411	8	16,444,496
	9	Prepaid expenses and deferred charges		74,414,409	9	70,991,565
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 8,109,266,488			
	b	Less: accumulated depreciation	10b 3,895,278,850	4,160,239,309	10c	4,213,987,638
	11	Investments—publicly traded securities		909,169,170	11	1,161,481,462
	12	Investments—other securities. See Part IV, line 11		6,461,676,123	12	6,474,531,235
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		159,729,192	15	178,713,468
16	Total assets. Add lines 1 through 15 (must equal line 34)		13,318,967,667	16	13,646,556,749	
Liabilities	17	Accounts payable and accrued expenses		587,635,572	17	637,521,758
	18	Grants payable		46,047,688	18	44,501,144
	19	Deferred revenue		195,989,056	19	192,135,950
	20	Tax-exempt bond liabilities		1,085,000,000	20	1,032,670,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		87,188,514	23	309,106,129
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,021,486,164	25	1,004,101,326
	26	Total liabilities. Add lines 17 through 25		3,023,346,994	26	3,220,036,307
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		3,504,211,966	27	3,502,385,121
	28	Temporarily restricted net assets		3,206,898,338	28	3,327,662,110
	29	Permanently restricted net assets		3,584,510,369	29	3,596,473,211
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		10,295,620,673	33	10,426,520,442
	34	Total liabilities and net assets/fund balances		13,318,967,667	34	13,646,556,749

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,001,986,844
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,868,291,690
3	Revenue less expenses Subtract line 2 from line 1	3	133,695,154
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,295,620,673
5	Net unrealized gains (losses) on investments	5	25,042,173
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,837,558
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,426,520,442

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 15-0532082
Name: Cornell University

Form 990 (2018)

Form 990, Part III, Line 4a:

CORNELL UNIVERSITY IS RENOWNED FOR ITS ACADEMIC RIGOR, INTELLECTUAL VIBRANCY, ENTREPRENEURIAL CHARACTER, AND THE DIVERSITY AND QUALITY OF ITS CURRICULA AND AREAS OF MULTIDISCIPLINARY RESEARCH AND STUDY THE UNIVERSITYS UNDERGRADUATE, GRADUATE, PROFESSIONAL, POST-DOCTORAL, AND CONTINUING EDUCATION PROGRAMS HAVE A GLOBAL REPUTATION FOR EXCELLENCE AND INNOVATION CORNELLS MAIN CAMPUS IS IN ITHACA, NEW YORK, WITH THE CAMPUSES OF WEILL CORNELL MEDICAL COLLEGE CONTINUE ON SCHEDULE O

Form 990, Part III, Line 4b:

MEDICAL SERVICES, INCLUDING THE TRAINING AND EDUCATION OF PHYSICIANS, IS A PRIMARY COMPONENT OF THE UNIVERSITY'S MISSION. CORNELL IS COMMITTED TO EXCELLENCE IN PATIENT CARE, SCIENTIFIC DISCOVERY, AND THE EDUCATION OF FUTURE PHYSICIANS IN NEW YORK CITY AND AROUND THE WORLD. THE DOCTORS AND SCIENTISTS OF WEILL CORNELL MEDICINE - FACULTY FROM WEILL CORNELL MEDICAL COLLEGE, WEILL CORNELL GRADUATE SCHOOL OF MEDICAL SCIENCES, AND THE WEILL CORNELL PHYSICIAN ORGANIZATION- PROVIDE CLINICAL CARE AND RESEARCH THAT CONNECT PATIENTS TO THE LATEST TREATMENT INNOVATIONS AND PREVENTION STRATEGIES.

Form 990, Part III, Line 4c:

CORNELL HAS A LONG TRADITION OF COMBINING SCHOLARLY WORK AND LEADERSHIP IN RESEARCH -BOTH BASIC AND APPLIED- WITH PUBLIC SERVICE AND ENGAGEMENT IN NEW YORK STATE AND AROUND THE WORLD REVENUES FROM SPONSORED AWARDS INCLUDE \$678,562,178 MILLION IN DIRECT SUPPORT AND \$175,929,939 MILLION IN INDIRECT COST RECOVERY REVENUES ALSO INCLUDE GRANT AND CONTRACT REVENUE TO SUPPORT PUBLIC OUTREACH AND INSTRUCTION, THE SINGLE LARGEST PORTION IS RELATED TO RESEARCH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHEILA W ALLEN Trustee	2 0 0 0	X						0	0	0
RICHARD A BAKER Trustee	2 0 0 0	X						0	0	0
MATTHEW L BIBEN Trustee	2 0 0 0	X						0	0	0
JESSICA M BIBLIOWICZ Trustee	2 0 0 0	X						0	0	0
JOHN O BOOCHEVER Trustee	2 0 0 0	X						0	0	0
DOUGLAS L BRAUNSTEIN Trustee	2 0 0 0	X						0	0	0
DAVID J BREAZZANO Trustee	2 0 0 0	X						0	0	0
JOHN CERIALE Trustee	2 0 0 0	X						0	0	0
MARIO CILENTO Trustee	2 0 0 0	X						0	0	0
DAVID S COHEN Trustee	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EZRA CORNELL Trustee	2 0 0 0	X						0	0	0
ANDREW CUOMO Trustee	2 0 0 0	X						0	0	0
GARY S DAVIS Trustee	2 0 0 0	X						0	0	0
NICOLE BISAGNI DELTORO Trustee	2 0 0 0	X						0	0	0
DAVID M EINHORN Trustee	2 0 0 0	X						0	0	0
STEPHANIE KEENE FOX Trustee	2 0 0 0	X						0	0	0
LINDA M GADSBY Trustee	2 0 0 0	X						0	0	0
THOMAS T GROOS Trustee	2 0 0 0	X						0	0	0
ALEXANDER D HANSON Trustee	2 0 0 0	X						0	0	0
ROBERT S HARRISON Chairman	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARL E HEASTIE Trustee	2 0 0 0	X						0	0	0
MELISSA A HINES Trustee & Professor	2 0 0 0	X						200,288	0	26,866
KATRINA E JAMES Trustee	2 0 0 0	X						0	0	0
KRAIG H KAYSER Trustee	2 0 0 0	X						0	0	0
RUBEN J KING-SHAW JR Trustee	2 0 0 0	X						0	0	0
PEGGY J KOENIG Trustee	2 0 0 0	X						0	0	0
ELIZABETH C EVERETT KRISBERG Trustee	2 0 0 0	X						0	0	0
JOHN J FLANAGAN Trustee (thru 1/2/19)	2 0 0 0	X						0	0	0
JERAMY A KRUSER Trustee	2 0 0 0	X						75,207	0	7,636
BRUCE V LEWENSTEIN Trustee & Professor	2 0 0 0	X						167,374	0	47,057

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM LIM Trustee	2 0 0 0	X						0	0	0
DUSTIN LIU Trustee & Student Employee	2 0 0 0	X						3,655	0	0
PAMELA G MARRONE Trustee	2 0 0 0	X						0	0	0
LOWELL C McADAM Trustee	2 0 0 0	X						0	0	0
RONALD D McCRAY Trustee	2 0 0 0	X						0	0	0
MARY JOHN MILLER Trustee	2 0 0 0	X						0	0	0
HOWARD P MILSTEIN Trustee	2 0 0 0	X						0	0	0
MANISHA A MUNASINGHE PHD Trustee	2 0 0 0	X						0	0	0
JOHN A NOBLE Trustee	2 0 0 0	X						0	0	0
BARBARA G NOVICK Trustee	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD C OPATRNY Vice Chairman	2 0 0 0	X						0	0	0
LELAND C PILLSBURY Trustee	2 0 0 0	X						0	0	0
JONATHAN K POE Trustee	2 0 0 0	X						0	0	0
YONN K RASMUSSEN Trustee	2 0 0 0	X						0	0	0
BRUCE S RAYNOR Trustee	2 0 0 0	X						0	0	0
GIRISH V REDDY Trustee	2 0 0 0	X						0	0	0
GENE RESNICK MD Trustee	2 0 0 0	X						0	0	0
DALE S ROSENTHAL Trustee	2 0 0 0	X						0	0	0
GEORGE A SCANGOS Trustee	2 0 0 0	X						0	0	0
MARTIN F SCHEINMAN Trustee	2 0 0 0	X						4,000	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARYAN SHAYEGANI MD Trustee	2 0 0 0	X						0	0	0
ANNE MEINIG SMALLING Trustee	2 0 0 0	X						0	0	0
J ALLEN SMITH Trustee	2 0 0 0	X						0	0	0
ANDREA STEWART-COUSINS Trustee	2 0 0 0	X						0	0	0
BRADLEY H STONE Trustee	2 0 0 0	X						0	0	0
CHIAKI TANUMA Trustee	2 0 0 0	X						0	0	0
RATAN N TATA Trustee	2 0 0 0	X						0	0	0
MICHAEL A TROY Trustee	2 0 0 0	X						0	0	0
LAURA A WILKINSON Trustee	2 0 0 0	X						0	0	0
BARTON J WINOKUR Chairman of Exec Committee	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG YUNKER Trustee	2 0 0 0	X						0	0	0
JIA ZHU Trustee	2 0 0 0	X						0	0	0
KAREN P ZIMMER Trustee	2 0 0 0	X						0	0	0
Augustine MK Choi MD Provost for Medl Affrs & Dean	55 0 0 0			X				2,114,446	0	48,516
JOANNE M DESTEFANO EVP & CFO	55 0 0 0			X				709,128	0	70,434
MICHAEL I KOTLIKOFF PROVOST	55 0 0 0			X				717,278	0	120,911
MARTHA E POLLACK President	55 0 0 0			X				1,116,236	0	61,761
MADELYN F WESSEL UNIV COUNSEL & SECRETARY	55 0 0 0			X				564,481	0	62,544
Stephen Cohen Exec Vice Prov for Adm & Fin	55 0 0 0				X			1,230,656	0	64,793
Robert J Min MD Chief Executive Officer	55 0 0 0				X			1,728,077	0	49,146

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH M MIRANDA CHIEF INVESTMENT OFFICER	55 0 0 0				X			1,839,970	0	48,650
PAK H CHUNG MD ASSOCIATE PROFESSOR CLINICAL	55 0 0 0					X		3,939,853	0	71,293
Rony Elias Assistant Professor - Clinical	55 0 0 0					X		3,815,791	0	60,199
Hey-Joo Kang MD Associate Professor Clinical	55 0 0 0					X		5,573,417	0	60,560
Zev Rosenwaks MD Professor Tenure Clinical	55 0 0 0					X		8,225,718	0	61,143
STEVEN SPANDORFER MD ASSOCIATE PROFESSOR CLINICAL	55 0 0 0					X		4,216,544	0	68,454
ANTONIO M GOTTO MD FORMER PROVOST & DEAN OF WEILL	55 0 0 0						X	2,820,958	0	0
HARRY KATZ FORMER OFFICER/CURRENT PROF	55 0 0 0						X	358,869	0	65,251
Hunter R Rawlings III FORMER PRESIDENT	0 0 0 0						X	993,988	0	30,339

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Cornell University

Employer identification number
15-0532082

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	584,510,026	510,356,488	605,956,875	437,550,675	420,726,543	2,559,100,607
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	59,359,610	43,677,665	62,628,802	58,400,898	56,804,157	280,871,132
4	Total. Add lines 1 through 3	643,869,636	554,034,153	668,585,677	495,951,573	477,530,700	2,839,971,739
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						250,380,872
6	Public support. Subtract line 5 from line 4						2,589,590,867

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	643,869,636	554,034,153	668,585,677	495,951,573	477,530,700	2,839,971,739
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,546,988	102,047,770	98,801,455	99,108,684	98,628,577	521,133,474
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			271,446,475	280,199,892	283,271,222	834,917,589
11	Total support. Add lines 7 through 10						4,196,022,802
12	Gross receipts from related activities, etc. (see instructions)					12	18,452,444,190
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14 61.715 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 68.263 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 15-0532082
Name: Cornell University

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Cornell University	Employer identification number 15-0532082
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		570,637
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i			570,637
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1	THE UNIVERSITY DOES NOT PARTICIPATE DIRECTLY OR INDIRECTLY IN ANY POLITICAL CAMPAIGN AND REMINDS THE UNIVERSITY COMMUNITY, AT THE TIME OF ANY IMPORTANT LOCAL, STATE OR NATIONAL ELECTION, ABOUT THE PROHIBITION AGAINST UNIVERSITY PARTICIPATION. THE MESSAGE MAKES CLEAR THAT THIS PROHIBITION DOES NOT IN ANY WAY AFFECT AN INDIVIDUAL'S PERSONAL ACTIVITIES. THE UNIVERSITY DOES NOT DEEM IT NECESSARY TO ISSUE A FORMAL POLICY ON POLITICAL CAMPAIGN PROHIBITIONS THROUGH ITS POLICY OFFICE.
SCHEDULE C, PART II-B, LINE 1A	STUDENT VOLUNTEERS TRAVELED TO WASHINGTON AND ALBANY TO LOBBY ON STUDENT FINANCIAL AID ISSUES.
SCHEDULE C, PART II-B, LINE 1B	CORNELL'S LOBBYING EFFORTS WERE HANDLED THROUGH THE UNIVERSITY RELATIONS OFFICES LOCATED IN ALBANY AND WASHINGTON DC PRIMARILY BY SIX REGISTERED LOBBYISTS. THROUGHOUT THE FISCAL YEAR ENDING JUNE 30, 2019 LOBBYING EFFORTS CENTERED ON HIGHER EDUCATION MATTERS, STATE AND FEDERAL BUDGETS, UNIVERSITY-BASED RESEARCH PROPOSALS, AND LEGISLATIVE BILLS AFFECTING CORNELL STUDENTS, FACULTY AND STAFF. CORNELL IS A PAYING MEMBER OF SEVERAL STATE AND FEDERAL ASSOCIATIONS THAT DO DIRECT LOBBYING AND PUBLIC ADVOCACY ON BEHALF OF PUBLIC AND PRIVATE NOT-FOR-PROFIT HIGHER EDUCATION, RESEARCH, COLLEGE ATHLETICS, AND UNIVERSITY OPERATIONS INCLUDING STUDENT HEALTH INSURANCE, ENERGY, AND FINANCIAL PLANNING.
SCHEDULE C, PART II-B, LINE 1D	CORNELL ADMINISTRATORS AND FACULTY SENT OCCASIONAL LETTERS AND ELECTRONIC MAIL TO THE NEW YORK CONGRESSIONAL DELEGATION AND TO STATE LEGISLATORS IN ALBANY. EXPENSES WERE MINIMAL.
SCHEDULE C, PART II-B, LINE 1G	CORNELL UNIVERSITY STAFF LOBBIED LEGISLATORS, LEGISLATIVE STAFF AND GOVERNMENT OFFICIALS IN WASHINGTON, ALBANY, NEW YORK CITY, AND ITHACA DURING THE FISCAL YEAR ENDING JUNE 30, 2019. TOPICS INCLUDED STUDENT HEALTH INSURANCE, CONTRACTING PROCESSES, AGRICULTURE TESTING AND RESEARCH PROGRAMS, ENVIRONMENTAL PROTECTION PROGRAMS, FUNDING FOR OPERATIONS AND FACILITIES, INCLUDING STUDENT FINANCIAL AID PROGRAMS, CORNELL TECH CAMPUS LAND USE, STUDENT LOAN AND LOAN FORGIVENESS PROGRAMS, ECONOMIC DEVELOPMENT PROGRAMS, IMMIGRATION, INTERNATIONAL EDUCATION, GRADUATE MEDICAL EDUCATION, CAMPUS SAFETY INITIATIVES, PATENT REFORM, SCIENCE AND TECHNOLOGY INITIATIVES, HEALTH CARE, AND AGENCY RE-AUTHORIZATIONS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Cornell University

Employer identification number
15-0532082

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$ 160,666

(ii) Assets included in Form 990, Part X

► \$ 100,833,147

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	6,702,170,986	6,335,520,329	5,584,197,786	5,883,517,457	5,744,869,444
b Contributions	119,794,469	142,594,770	387,247,101	184,454,650	241,117,041
c Net investment earnings, gains, and losses	343,343,472	639,735,017	683,220,281	-181,287,034	193,711,812
d Grants or scholarships	56,152,080	56,780,770	58,471,312	55,359,166	51,080,905
e Other expenditures for facilities and programs	281,692,233	316,655,728	216,531,449	204,449,446	203,466,849
f Administrative expenses	44,329,635	42,242,632	44,142,078	42,678,675	41,633,086
g End of year balance	6,783,134,979	6,702,170,986	6,335,520,329	5,584,197,786	5,883,517,457

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 20 000 %

b

Permanent endowment ▶ 75 000 %

c

Temporarily restricted endowment ▶ 5 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
3b	Yes	

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,548,628		100,548,628
b Buildings		5,463,501,108	2,320,089,679	3,143,411,429
c Leasehold improvements		749,987,002	439,012,452	310,974,550
d Equipment		967,447,330	700,391,983	267,055,347
e Other		827,782,421	435,784,736	391,997,684
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,213,987,638

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	70,024,835	F
(3) Other _____		
(A) DOMESTIC EQUITIES	459,684,555	F
(B) FOREIGN EQUITIES	1,066,411,758	F
(C) HEDGED EQUITIES	2,525,951	F
(D) PRIVATE EQUITIES	1,616,088,269	F
(E) FIXED INCOME ASSET BACKED SEC	24,953,724	F
(F) FIXED INCOME CORPORATE BONDS	99,039,640	F
(G) FIXED INCOME EQUITY PSHIPS	509,389,019	F
(H) FIXED INCOME & MARKETABLE SEC	2,626,413,484	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	6,474,531,235	

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO CONSOLIDATED SUBS	587,873
OBLIGATIONS UNDER SPLIT INT AGRMNT	134,087,226
DEFERRED BENEFITS	605,400,108
FUNDS HELD IN TRUST FOR OTHERS	100,826,636
BOND PREMIUMS	44,177,545
OBLIGATIONS UNDER CAPITAL LEASES	119,021,938
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,004,101,326

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,344,806,991
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	358,130,170
e	Add lines 2a through 2d	2e	358,130,170
3	Subtract line 2e from line 1	3	3,986,676,821
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	1,015,310,023
c	Add lines 4a and 4b	4c	1,015,310,023
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,001,986,844

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,449,042,811
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	98,663,341
e	Add lines 2a through 2d	2e	98,663,341
3	Subtract line 2e from line 1	3	4,350,379,470
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	517,912,220
c	Add lines 4a and 4b	4c	517,912,220
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,868,291,690

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 15-0532082
Name: Cornell University

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) DOMESTIC EQUITIES	459,684,555	F
(A) FOREIGN EQUITIES	1,066,411,758	F
(B) HEDGED EQUITIES	2,525,951	F
(C) PRIVATE EQUITIES	1,616,088,269	F
(D) FIXED INCOME ASSET BACKED SEC	24,953,724	F
(E) FIXED INCOME CORPORATE BONDS	99,039,640	F
(F) FIXED INCOME EQUITY PSHIPS	509,389,019	F
(G) FIXED INCOME & MARKETABLE SEC	2,626,413,484	F

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	ART COLLECTION THE HERBERT F JOHNSON MUSEUM OF ART IS PARTICULARLY NOTED FOR ITS COLLECTION IN THE AREA OF ASIAN ART, 19TH AND 20TH CENTURY AMERICAN ART AND THE GRAPHIC ARTS THE COLLECTION IS USED FOR TEACHING, RESEARCH, AND PUBLIC OUTREACH THE MUSEUM'S CALENDAR OF EVENTS IS AVAILABLE ON ITS WEB SITE AND PROVIDES INFORMATION TO ENCOURAGE USE OF THE COLLECTION BY THE PUBLIC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS THE UNIVERSITY'S ENDOWMENT CONSISTS PRIMARILY OF PERMANENT ENDOWMENT AND BOARD DESIGNATED ENDOWMENT (I E , FUNDS FUNCTIONING AS ENDOWMENT) THE INCOME FROM THE ENDOWMENT PROVIDES CRITICAL SUPPORT FOR ENDOWED FACULTY CHAIRS, STUDENT FINANCIAL AID, AND SUPPORT FOR VARIOUS INSTITUTIONAL PROGRAMS FOR TEACHING, RESEARCH, AND PUBLIC OUTREACH

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48(ASC 740) FOOTNOTE THE UNIVERSITY IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAXES ON RELATED INCOME PURSUANT TO THE APPROPRIATE SECTIONS OF THE INTERNAL REVENUE CODE IN ACCORDANCE WITH THE ACCOUNTING STANDARDS, THE UNIVERSITY EVALUATES ITS INCOME TAX POSITION EACH FISCAL YEAR TO DETERMINE WHETHER IT IS MORE LIKELY THAN NOT TO BE SUSTAINED IF EXAMINED BY THE APPLICABLE TAXING AUTHORITY THIS REVIEW HAD NO MATERIAL IMPACT ON THE UNIVERSITY'S CONSOLIDATED FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	DECONSOLIDATION OF SUBSIDIARIES \$ 98,703,854 INVESTMENT RETURN, DISTRIBUTED \$ 259,426,316 ----- TOTAL \$ 358,130,170 Schedule D, Part XI, Line 4B State Appropriations \$ 25,3 38,099 Restricted Gifts \$ 164,337,088 Program Services \$ 324,265,228 Reclass of financial aid \$ 411,780,344 ----- TOTAL \$ 925,720,758

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	DECONSOLIDATION OF SUBSIDIARIES \$ 98,663,341 ----- TOTAL \$ 98,663,341

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	RECLASS OF FINANCIAL AID \$ 411,780,344 RECLASS OF SWAP INTEREST \$ 16,542,611 ----- TOTAL \$ 428,332,955

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
Cornell University

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990EZ for the latest instructions.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
15-0532082

Part I			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4d	Yes	
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE UNIVERSITY, ORGANIZED IN THE 1860'S, INCLUDED IN ITS CHARTER A COMMITMENT TO NON-DISCRIMINATION BASED ON RELIGION. FROM ITS EARLIEST HISTORY, THE UNIVERSITY ADMITTED A DIVERSE STUDENT BODY IN TERMS OF RACE, GENDER, AND RELIGION. THE STATISTICS ABOUT THE COMPOSITION OF FACULTY, STAFF, AND STUDENTS, AS WELL AS THE UNIVERSITY'S ONGOING EFFORTS TO INCREASE DIVERSITY, REFLECT THE STRONG COMMITMENT TO NON-DISCRIMINATION.
SCHEDULE E, PART I, LINE 6A	CORNELL RECEIVES ASSISTANCE FROM BOTH THE FEDERAL GOVERNMENT AND NEW YORK STATE. THE FEDERAL GOVERNMENT PROVIDES SUPPORT FOR LOANS, STUDENT EMPLOYMENT, AND GRANTS. THE MAJOR LOAN PROGRAMS ARE W D FORD SUBSIDIZED AND UNSUBSIDIZED LOANS, PERKINS LOANS, AND DIRECT PLUS LOANS. EMPLOYMENT INCLUDES FUNDS FOR FEDERAL WORK-STUDY. THE MAJOR GRANTS ARE PELL GRANTS AND SUPPLEMENTAL EDUCATIONAL OPPORTUNITY ASSISTANCE PROGRAM (TAP).

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Cornell University

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

15-0532082

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	14	164			39,980,684
b Total from continuation sheets to Part I					2,141,680,935
c Totals (add lines 3a and 3b)	15	579			2,181,661,619

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 55

3	Enter total number of other organizations or entities	3
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Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☒ Yes ☐ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, INVESTMENTS	THE INVESTMENTS DISCLOSURES IN SCHEDULE F, PART I, INDICATE WHERE EXTERNAL INVESTMENT FUNDS ARE INCORPORATED OR OTHERWISE DOMICILED ACTUAL UNDERLYING INVESTMENTS ARE TYPICALLY MADE IN OTHER REGIONS OF THE WORLD SCHEDULE F, PART I, LINE 2 THE UNIVERSITY REVIEWS ALL INVOICES AND OTHER REQUIRED DOCUMENTATION FOR ACCURACY, APPROPRIATENESS OF THE EXPENDITURES IN COMPLIANCE WITH THE AWARD DOCUMENTS AND TIMELINESS OF SUBMISSION SCHEDULE F, PART I, LINE 3 COLUMN F THE AUDITED FINANCIAL STATEMENTS ARE PREPARED UNDER THE ACCRUAL METHOD ACCORDINGLY, THE REVENUE AND EXPENSES REPORTED IN THE FORM 990 AND ITS SUPPORTING SCHEDULES, INCLUDING THE FOREIGN EXPENDITURES REPORTED ON SCHEDULE F, PART I, LINE 2, COLUMN F, ARE REPORTED UNDER THE ACCRUAL METHOD

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART III	THE AMOUNTS REPORTED ON SCHEDULE F, PART III ARE ALL TRAVEL GRANTS AND SCHOLARSHIP, FELLOWSHIP, AND GRANT FUNDING PROVIDED TO STUDENTS FOR FURTHERING THEIR EDUCATION OUTSIDE OF THE U S , WHETHER IT BE TOWARD A DEGREE OR FOR STUDENT RESEARCH AND EDUCATIONAL STUDIES

Additional Data

Software ID:
Software Version:
EIN: 15-0532082
Name: Cornell University

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	11	Program Services	Education & Research	467,537
East Asia and the Pacific	1	16	Program Services	Education & Research	3,520,503

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	11	75	Program Services	Education & Research	10,042,295
Middle East and North Africa	0	3	Program Services	Education & Research	1,235,984

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	24	Program Services	Education & Research	2,224,244
Russia and the Newly Independent States	0	1	Program Services	Education & Research	107,948

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	14	Program Services	Education & Research	1,066,307
South Asia	1	9	Program Services	Education & Research	2,102,730

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	1	11	Program Services	Education & Research	2,037,169
East Asia and the Pacific	0	0	Program Services	Research Sub-Contracts	620,179

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe	0	0	Program Services	Research Sub-Contracts	4,202,740
Middle East and North Africa	0	0	Program Services	Research Sub-Contracts	425,361

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Program Services	Research Sub-Contracts	4,953,408
Russia/Independent States	0	0	Program Services	Research Sub-Contracts	50,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Research Sub-Contracts	1,078,701
South Asia	0	0	Program Services	Research Sub-Contracts	2,153,015

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Research Sub-Contracts	3,692,563
Central America/Caribbean	0	0	Program Services	Medical Research & SVC	1,208,155

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	Medical Research & SVC	55,809
Europe	0	0	Program Services	Medical Research & SVC	859,203

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	1	415	Program Services	Medical Research & SVC	130,594,018
North America			Program Services	Medical Research & SVC	191,134

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	Medical Research & SVC	26,300
South Asia			Program Services	Medical Research & SVC	52,029

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Medical Research & SVC	220,365
Europe			Program Services	Fundraising	1,311,968

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America/Caribbean	0	0	Investments		1,452,117,401
Europe	0	0	Investments		474,019,527

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Investments		60,737,063
Sub-Saharan Africa	0	0	Investments		16,694,174

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America/Caribbean			Grantmaking		45,360
East Asia and the Pacific			Grantmaking		1,030,635

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe			Grantmaking		1,977,242
Middle East and North Africa			Grantmaking		127,742

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Grantmaking		600
Russia/Independent States			Grantmaking		1,590

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Grantmaking		49,275
South Asia			Grantmaking		62,699

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking		298,646

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Other-Agricultural Sciences	34,590	EFT			FMV
		East Asia and the Pacific	Other-HUMANITIES	58,505	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Research-Agricultural Sciences	137,326	EFT			FMV
		East Asia and the Pacific	Research-BIOLOGICAL & BIOMEDICAL SCIENCES	337,410	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Research-METALLURGICAL AND MATERIALS ENGINEERING	50,000	EFT			FMV
		Europe (Including Iceland and Greenland)	Other-Agricultural Sciences	958,137	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research-Agricultural Sciences	2,508,301	EFT			FMV
		Europe (Including Iceland and Greenland)	Research-BIOENGINEERING/BIOMEDICAL ENGINEERING	10,000	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research-BIOLOGICAL & BIOMEDICAL SCIENCES	358,978	EFT			FMV
		Europe (Including Iceland and Greenland)	Research-NATURAL RESOURCES & CONSERVATION	36,953	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research-OTHER SOCIAL SCIENCES	6,291	EFT			FMV
		Europe (Including Iceland and Greenland)	Research-PHYSICS	324,080	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Research-Agricultural Sciences	125,371	EFT			FMV
		Middle East and North Africa	Research-CHEMISTRY	74,990	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Research-PHYSICS	225,000	EFT			FMV
		North America	Research-Agricultural Sciences	4,300,425	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research-BIOLOGICAL & BIOMEDICAL SCIENCES	598,643	EFT			FMV
		North America	Research-OTHER SOCIAL SCIENCES	11,000	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research-SOCIOLOGY/DEMOGRAPHY & POPULATIONS STUDIE	43,340	EFT			FMV
		Russia and the Newly Independent States	Research-PHYSICS	50,000	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research-Agricultural Sciences	249,309	EFT			FMV
		South America	Research-GEOLOGICAL & EARTH SCIENCES	776,924	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research-HEALTH SCIENCES	52,468	EFT			FMV
		South Asia	Research-Agricultural Sciences	39,652	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Research-BIOLOGICAL & BIOMEDICAL SCIENCES	608,308	EFT			FMV
		South Asia	Research-HEALTH SCIENCES	332,233	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Research-Other Non-S&E Fields	1,172,822	EFT			FMV
		Sub-Saharan Africa	Other-Agricultural Sciences	243,090	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Other-COMMUNICATION & COMMUNICATION TECHNOLOGIES	76,974	EFT			FMV
		Sub-Saharan Africa	Research-Agricultural Sciences	2,514,363	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research-HEALTH SCIENCES	468,518	EFT			FMV
		Sub-Saharan Africa	Research-MECHANICAL ENGINEERING	167,923	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research-SOCIOLOGY/DEMOGRAPHY & POPULATIONS STUDIE	221,695	EFT			FMV
		Middle East and North Africa	Medical Research & Services	5,087	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Medical Research & Services	79,589	EFT			FMV
		Middle East and North Africa	Medical Research & Services	447,131	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Medical Research & Services	55,809	EFT			FMV
		Europe (Including Iceland and Greenland)	Medical Research & Services	104,024	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Medical Research & Services	14,234	EFT			FMV
		Europe (Including Iceland and Greenland)	Medical Research & Services	76,364	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America/Caribbean	Medical Research & Services	1,207,405	EFT			FMV
		Sub-Saharan Africa	Medical Research & Services	22,032	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Medical Research & Services	68,313	EFT			FMV
		Europe (Including Iceland and Greenland)	Medical Research & Services	31,371	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Medical Research & Services	31,632	EFT			FMV
		Europe (Including Iceland and Greenland)	Medical Research & Services	383,949	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Medical Research & Services	161,515	EFT			FMV
		Sub-Saharan Africa	Medical Research & Services	16,354	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Medical Research & Services	30,255	EFT			FMV
		Europe (Including Iceland and Greenland)	Medical Research & Services	47,127	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Medical Research & Services	14,453	EFT			FMV
		North America	Medical Research & Services	133,759	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Medical Research & Services	52,029	EFT			FMV
		Sub-Saharan Africa	Medical Research & Services	20,464	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Medical Research & Services	20,743	EFT			FMV
		South America	Medical Research & Services	26,300	EFT			FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Medical Research & Services	9,524	EFT			FMV
		Middle East and North Africa	Medical Research & Services	130,136,274	EFT			FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Travel Grant/Fellowshp	Central America and the Caribbean	6	10,650	CHECK/ACH		NONE	FMV
Student Travel Grant/Fellowshp	East Asia and the Pacific	34	65,841	CHECK/ACH		NONE	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Travel Grant/Fellowshp	Europe (Including Iceland and Greenland)	24	33,710	CHECK/ACH		NONE	FMV
Student Travel Grant/Fellowshp	Middle East and North Africa	5	6,650	CHECK/ACH		NONE	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Travel Grant/Fellowshp	North America	1	600	CHECK/ACH		NONE	FMV
Student Travel Grant/Fellowshp	Russia and the Newly Independent States	2	1,590	CHECK/ACH		NONE	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Travel Grant/Fellowshp	South America	13	45,746	CHECK/ACH		NONE	FMV
Student Travel Grant/Fellowshp	South Asia	17	62,699	CHECK/ACH		NONE	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Travel Grant/Fellowshp	Sub-Saharan Africa	11	45,792	CHECK/ACH		NONE	FMV
Student Financial Aid	Central America and the Caribbean	2	34,710	CHECK/ACH		NONE	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Financial Aid	East Asia and the Pacific	51	964,794	CHECK/ACH		NONE	FMV
Student Financial Aid	Europe (Including Iceland and Greenland)	99	1,943,532	CHECK/ACH		NONE	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Financial Aid	Middle East and North Africa	6	121,092	CHECK/ACH		NONE	FMV
Student Financial Aid	South America	1	3,529	CHECK/ACH		NONE	FMV

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Student Financial Aid	Sub-Saharan Africa	14	252,854	CHECK/ACH		NONE	FMV

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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

Name of the organization
Cornell University

Employer identification number
15-0532082

Part I

Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒ Mail solicitations

e

☒ Solicitation of non-government grants

b

☒ Internet and email solicitations

f

☒ Solicitation of government grants

c

☒ Phone solicitations

g

☒ Special fundraising events

d

☒ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JFM GROUP LLC 629 FIFTH AVENUE SUITE 106 PELHAM, NY 10803	CABARET EVENT MGMT		No	3,855,580	231,750	7,563,580
COMMUNITY COUNSELING SERVICE CO LL 527 MADISON AVENUE 5TH FLOOR NEW YORK, NY 10022	CONSULTING		No		470,000	-470,000
BRODEUR PARTNERS 535 BOYLSTON ST 10TH FLOOR BOSTON, MA 02116	TRAINING		No		162,124	-162,123
JOHN BROWN LIMITED INC 4916 CRESTWOOD DRIVE WACO, TX 76710	Consulting		No		160,323	-160,323
BRIAN CHAPMAN 285 W 110TH ST 4C NEW YORK, NY 10026	CONSULTING		No		92,323	-92,323
GRENZENBACH GLIER AND ASSOCIATES 200 S MICHIGAN AVE SUITE 2100 CHICAGO, IL 60604	CONSULTING		No		55,130	-55,130
PRASAD CONSULTING AND RESEARCH 20 SUTTON PLACE SOUTH NEW YORK, NY 10022	REP RESEARCH		No		9,000	-9,000
Total				3,855,580	1,180,650	6,614,681

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2018

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CABARET NIGHT (event type)	GREENBURGEVENT (event type)	12 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	3,855,580	173,200	250,780	4,279,560
	2 Less Contributions	3,182,680	146,950	84,675	3,414,305
	3 Gross income (line 1 minus line 2)	672,900	26,250	166,105	865,255
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	159,500	125,285	162,737	447,522
	7 Food and beverages	761,739	1,200	25,735	788,674
	8 Entertainment	513,215		1,700	514,915
	9 Other direct expenses	526,213	56,287	96,830	679,330
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				2,430,441
	11 Net income summary Subtract line 10 from line 3, column (d) ►				-1,565,186

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in	
a	The organization's facility	13a _____ %
b	An outside facility	13b _____ %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ► _____	
	Address ► _____	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____	
c	If "Yes," enter name and address of the third party	
	Name ► _____	
	Address ► _____	
16	Gaming manager information	
	Name ► _____	
	Gaming manager compensation ► \$ _____	
	Description of services provided ► _____	
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor	
17	Mandatory distributions	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	A WRITTEN CONTRACT WAS MADE WITH JFM GROUP LLC TO MANAGE THE CABARET, A SIGNATURE ANNUAL FUNDRAISING EVENT FOR WEILL CORNELL MEDICAL COLLEGE BENEFITS SUPPORT ONGOING COSTS, INPATIENT CARE, RESEARCH, AND EDUCATION

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
Cornell University

Employer identification number
15-0532082

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 243

3 Enter total number of other organizations listed in the line 1 table ▶ 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL AID - UNDERGRADUATE	7346	266,738,361		FMV	NONE
(2) FINANCIAL AID - GRADUATE	5721	133,158,634		FMV	NONE
(3) MEDICAL SCHOOL - UNDERGRADUATE	188	10,334,420		FMV	NONE
(4) MEDICAL SCHOOL - GRADUATE	490	37,233,140		FMV	NONE
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	THE UNIVERSITY REPORTS ALL GRANT RECIPIENTS, INCLUDING SUB-GRANTEES, OF WHICH IT IS AWARE THIS INCLUDES SUB-RECIPIENT AWARDS, PRIMARILY FOR RESEARCH, TO GOVERNMENT AGENCIES, ORGANIZATIONS EXEMPT UNDER 501(C)(3) AND FOR-PROFIT ENTITIES FOR WHICH NO AUTHORITY FOR EXEMPTION IS PROVIDED

Additional Data

Software ID:
Software Version:
EIN: 15-0532082
Name: Cornell University

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON LABORATORY 610 MAIN ST BAR HARBOR, ME 04609	01-0211513	501(C)(3)	1,396,829		FMV		Medical Research
Bowdoin College 85 Union St Brunswick, ME 04011	01-0215213	501(C)(3)	27,481		FMV		Research-COMPUTER AND INFORMATIONAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Natural Resources Service Ctr 155 State House Station Augusta, ME 043330088	01-6000001	GOV'T	14,168		FMV		Other-Agricultural Sciences
University of Maine System 96 Falmouth St - PO Box 9300 PORTLAND, ME 041049300	01-6000769	501(C)(3)	258,338		FMV		Other-Agricultural Sciences

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Dartmouth College 11 Rope Ferry Rd 6210 HANOVER, NH 037551404	02-0222111	501(C)(3)	198,478		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
University System of New Hampshire Inc Taylor Hall 59 College Rd DURHAM, NH 03824	02-6000937	NH	98,383		FMV		Other-Agricultural Sciences

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Vermont & State Ag College 63 Carrigan Dr BURLINGTON, VT 05405	03-0179440	VT	243,411		FMV		Other-Agricultural Sciences
Smith College 10 College Hall Elm St NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	25,895		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Boston College 140 Commonwealth Ave Conte Forum 31 Chestnut Hill, MA 02467	04-2103545	501(C)(3)	31,658		FMV		Research-GEOLOGICAL & EARTH SCIENCES
Trustees of Boston University 881 Commonwealth Ave Fl 4 BOSTON, MA 022151303	04-2103547	501(C)(3)	83,891		FMV		Research-PHYSICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT & FELLOWS OF HARVARD COLLEGE 1033 Massachusetts AVE BOSTON, MA 02138	04-2103580	501(c)(3)	595,461		FMV		Medical Research
Massachusetts Institute of Technology 32 Vassar St 76-181 CAMBRIDGE, MA 02139	04-2103594	501(c)(3)	1,065,595		FMV		Research-ASTRONOMY & ASTROPHYSICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Tufts College 136 Harrison Ave Boston, MA 02111	04-2103634	501(C)(3)	107,448		FMV		Research-ASTRONOMY & ASTROPHYSICS
Beth Israel Deaconess Medical Center Inc 330 Brookline AVE Boston, MA 02215	04-2103881	501(c)(3)	711,217		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER Cancer Institute Inc 450 BROOKLINE AVE BOSTON, MA 02215	04-2263040	501(c)(3)	81,712		FMV		Medical Research
BRIGHAM & WOMENS HOSPITAL INC PO BOX 3887 BOSTON, MA 022413887	04-2312909	501(c)(3)	1,354,009		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EIC Laboratories Inc 111 Downey St NORWOOD, MA 020622612	04-2497074	N/A	49,565		FMV		Research-CHEMICAL ENGINEERING
MASSACHUSETTS GENERAL HOSPITAL PO BOX 3829 BOSTON, MA 022413829	04-2697983	501(c)(3)	206,165		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CHILDRENS HOSPITAL PO BOX 414413 BOSTON, MA 022414413	04-2774441	501(c)(3)	50,149		FMV		Medical Research
UNIVERSITY OF MASSACHUSETTS 55 N LAKE AVE WORCESTER, MA 01655	04-3167352	MA	802,256		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS HEALTHCARE SYSTEM PO BOX 3715 BOSTON, MA 022413715	04-3230035	501(c)(3)	12,660		FMV		Medical Research
BOSTON MEDICAL CENTER 660 HARRISON AVE BOSTON, MA 02118	04-3314093	501(c)(3)	477,446		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Commonwealth of Massachusetts 100 State StPO Box 9101 FRAMINGHAM, MA 017019101	04-6002284	MA	13,037		FMV		Other-Agricultural Sciences
BROWN UNIVERSITY BOX 1997 69 BROWN ST 2ND FL PROVIDENCE, RI 02912	05-0258809	501(c)(3)	260,633		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Rhode Island URI Plant Clinic 3 E Alumni Ave KINGSTON, RI 02881	05-6000522	RI	21,826		FMV		Research-Agricultural Sciences
Wesleyan University 237 High St MIDDLETOWN, CT 06459	06-0646959	501(C)(3)	41,351		FMV		Research-CHEMICAL ENGINEERING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY PO BOX 2503A NEW HAVEN, CT 065202503	06-0646973	501(c)(3)	443,935		FMV		Medical Research
UNIVERSITY OF CONNECTICUT 438 WHITNEY RD EXT STORRS, CT 06269	06-0772160	CT	54,851		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Connecticut Agricultural Experiment Sta Box 1106 New HAVEN, CT 065041106	06-6032987	CT	880,091		FMV		Other-Agricultural Sciences
NEW YORK METHODIST HOSPITAL 506 6TH ST BROOKLYN, NY 11215	11-1631796	501(c)(3)	9,863		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEW YORK PRESBYTERIAN QUEENS 56-45 MAIN ST FLUSHING, NY 11355	11-1839362	501(c)(3)	21,204		FMV		Medical Research
Cold Spring Harbor Laboratory 1 Bungtown Rd PO Box 100 COLD SPRING HARBOR, NY 11724	11-2013303	501(c)(3)	7,254		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Resources for Children wSpecial Need Inc 116 E 16th St Fl 5 NEW YORK, NY 10003	11-2594790	501(C)(3)	350,603		FMV		Research- SOCIOLOGY/DEMOGRAPHY & POPULATIONS STUDIE
Cornell Coop Ext Suffolk Cty 423 Griffing AVE RIVERHEAD, NY 11901	11-6081424	501(C)(3)	9,406		FMV		Other-Agricultural Sciences

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CORNELL COOPERATIVE EXTENSION PO BOX 22 ITHACA, NY 14851	13-0532082	501(c)(3)	117,975		FMV		Medical Research
New York Society Relief of the Ruptured 535 east 70th st new york, NY 10021	13-1624135	501(C)(3)	511,391		FMV		Research- BIOENGINEERING/BIOMEDICAL ENGINEERING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rockefeller University 1230 York Ave NEW YORK, NY 10065	13-1624158	501(C)(3)	852,765		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
SLOAN KETTERING CANCER CENTER PO BOX 27084 NEW YORK, NY 10087	13-1624182	501(c)(3)	85,912		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Barnard College 3009 BROADWAY NEW YORK, NY 10027	13-1628149	501(C)(3)	10,334		FMV		Research-ASTRONOMY & ASTROPHYSICS
NEW YORK ACADEMY OF MEDICINE 1216 5TH AVE NEW YORK, NY 10029	13-1656674	501(c)(3)	8,064		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPULATION COUNCIL 1230 YORK AVE NEW YORK, NY 10021	13-1687001	501(c)(3)	1,294,295		FMV		Medical Research
Boyce Thompson Inst for Plant Rsh Inc 533 Tower Rd Ithaca ITHACA, NY 148531801	13-1739923	501(c)(3)	1,405,279		FMV		Research-Agricultural Sciences

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memorial Sloan-Kettering Cancer Ctr 1275 York AVE New York, NY 10065	13-1924236	501(C)(3)	4,316,520		FMV		Research-BIOENGINEERING/BIOMEDICAL ENGINEERING
Research Foundation of City Univ of NY 230 W 41st St 7th Fl New York, NY 10036	13-1988190	501(C)(3)	699,897		FMV		Medical Research

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GrowNYC 100 Gold St Ste 3300 New York, NY 10038	13-2765465	501(c)(3)	35,488		FMV		Other-Agricultural Sciences
Intrepid Museum Foundation Inc One Intrepid Sq New York, NY 10036	13-3062419	501(c)(3)	6,000		FMV		Research-ASTRONOMY & ASTROPHYSICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR URBAN FAMILY HEALTH 2006 MADISON AVE NEW YORK, NY 10035	13-3273402	501(c)(3)	30,233		FMV		Medical Research
BURKE NEUROLOGICAL INSTITUTE 785 MAMARONECK AVE WHITE PLAINS, NY 10605	13-3434924	501(c)(3)	224,529		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WINIFRED MASTERSON BURKE 785 MAMARONECK AVE WHITE PLAINS, NY 10605	13-3434928	501(c)(3)	41,275		FMV		Medical Research
NEW YORK And PRESBYTERIAN HOSPITAL 525 East 68th ST Box 156 NEW YORK, NY 10065	13-3957095	501(c)(3)	70,320		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BIOMEDICAL RESEARCH ALLIANCE OF NEW 1981 MARCUS AVE LAKE SUCCESS, NY 11042	13-3999590	N/A	14,599		FMV		Medical Research
THE ANIMAL MEDICAL CENTER 510 E 62ND ST NEW YORK, NY 10065	13-5505367	501(c)(3)	50,000		FMV		Medical Research

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NEW YORK UNIVERSITY 105 E 17th ST - 2nd Fl New York, NY 100039580	13-5562308	501(c)(3)	293,799		FMV		Medical Research
The Mary Imogene Bassett Hospital 1 Atwell Rd COOPERSTOWN, NY 133261301	13-5596796	501(c)(3)	34,765		FMV		Research-HEALTH SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Trustees of Columbia Univ City of New York 615 west 131st mc 8741 new york, NY 100277922	13-5598093	501(C)(3)	1,623,842		FMV		Research-Agricultural Sciences
Icahn School of Medicine at Mount Sinai 1 Gustave L Levy Pl new york, NY 10029	13-6171197	501(c)(3)	505,717		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

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NYC Department of Education 400 1st Ave new york, NY 10010	13-6400434	NY	282,706		FMV		Research-SOCIOLOGY/DEMOGRAPHY & POPULATIONS STUDIE
Trustees of Union College McKean House 807 Union St SCHENECTADY, NY 12308	14-1338580	501(c)(3)	21,420		FMV		Research-ASTRONOMY & ASTROPHYSICS

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Rensselaer Polytechnic Institute 110 8th St TROY, NY 121803590	14-1340095	501(c)(3)	515,713		FMV		Research-Agricultural Sciences
The Research Foundation of SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(c)(3)	1,294,039		FMV		Research-Agricultural Sciences

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Health Research Inc PO Box 2833 BUFFALO, NY 142402833	14-1402155	501(c)(3)	486,326		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
RESEARCH FOUNDATION FOR MENTAL 1051 RIVERSIDE DRIVE NEW YORK, NY 10032	14-1410842	501(c)(3)	114,214		FMV		Medical Research

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Rensselaer County Chapter NYSARC Inc 79 102nd St TROY, NY 12180	14-1485873	501(C)(3)	78,166		FMV		Research- SOCIOLOGY/DEMOGRAPHY & POPULATIONS STUDIE
City School District of Albany 1 Academy Park ALBANY, NY 12207	14-1537912	501(C)(3)	48,190		FMV		Research- SOCIOLOGY/DEMOGRAPHY & POPULATIONS STUDIE

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CLINICAL DIRECTORS NETWORK INC 5 W 37TH ST NEW YORK, NY 10018	14-1717344	501(c)(3)	47,071		FMV		Medical Research
Cornell Coop Ext Assoc Albany County PO Box 497 24 Martin Rd Voorheesville, NY 12186	14-6036881	501(C)(3)	58,341		FMV		Other-PSYCHOLOGY

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Colgate University Colgate University Library 13 Oak D HAMILTON, NY 13346	15-0532078	501(c)(3)	50,537		FMV		Research-ASTRONOMY & ASTROPHYSICS
Syracuse University 9721 University Ave Ste 116 SYRACUSE, NY 13244	15-0532081	501(C)(3)	373,149		FMV		Other-HUMANITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Ithaca College 953 Danby Rd ITHACA, NY 14850	15-0532204	501(C)(3)	154,789		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
Clarkson University 8 Clarkson Ave Controlllers Off PO POTSDAM, NY 136995546	15-0543659	501(C)(3)	17,674		FMV		Research-ASTRONOMY & ASTROPHYSICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Paleontological Research Institution 1259 Trumansburg Rd ITHACA, NY 14850	15-0554849	501(c)(3)	49,049		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
Syracuse City School District 171 Spaulding Ave SYRACUSE, NY 13205	15-6010157	NY	564,432		FMV		Research-PSYCHOLOGY

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Rochester Institute of Technology 1 Lomb Memorial Dr Rm 1839 ROCHESTER, NY 146235604	16-0743140	501(C)(3)	237,660		FMV		Research-Agricultural Sciences
University of Rochester 360 Meliora Hall ROCHESTER, NY 146270268	16-0743209	501(C)(3)	314,093		FMV		Other-PSYCHOLOGY

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Alfred University 1 Saxon DR ALFRED, NY 14802	16-0743900	501(C)(3)	6,211		FMV		Research-ASTRONOMY & ASTROPHYSICS
Innovative Dynamics 2560 N Triphammer Rd ITHACA, NY 14850	16-1407666	N/A	158,964		FMV		Research-ASTRONOMY & ASTROPHYSICS

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Niagara Falls City School District 630 66th St NIAGARA FALLS, NY 14304	16-6001929	501(C)(3)	40,072		FMV		Research-SOCIOLOGY/DEMOGRAPHY & POPULATIONS STUDIE
NYS Cooperative Ext Assoc of Broome Cty 840 Upper Front St BINGHAMTON, NY 139051500	16-6072872	501(C)(3)	68,043		FMV		Other-PSYCHOLOGY

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Cornell Coop Ext of Erie Cty 21 South Grove St Ste 320 EAST AURORA, NY 140522398	16-6072879	501(C)(3)	60,494		FMV		Other-PSYCHOLOGY
FLORIDA INSTITUTE FOR HUMAN & MACHI 40 SOUTH ALCANIZ ST PENSACOLA, FL 32502	20-0760849	501(c)(3)	139,927		FMV		Medical Research

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COPD FOUNDATION 3300 PONCE DE LEON BLVD MAIMI, FL 33134	20-1048322	501(c)(3)	35,539		FMV		Medical Research
NEW YORK STEM CELL FOUNDATION 1995 BROADWAY NEW YORK, NY 10023	20-2905531	501(c)(3)	110,000		FMV		Medical Research

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HEBREW HOME AT RIVERDALE 5901 PALISADE AVE RIVERDALE, NY 10471	20-4352212	501(c)(3)	99,227		FMV		Medical Research
The Trustees of Princeton University 701 Carnegie Center STE 445 Princeton, NJ 08540	21-0634501	501(C)(3)	984,589		FMV		Medical Research

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wildwood Programs Inc 2995 Curry RD Extension SCHENECTADY, NY 12303	22-2132752	501(c)(3)	89,827		FMV		Research- SOCIOLOGY/DEMOGRAPHY & POPULATIONS STUDIE
RUTGERS 33 KNIGHTSBRIDGE RD 2ND FL PISCATAWAY, NJ 08854	22-2322725	501(c)(3)	3,129,892		FMV		Medical Research

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sciencenter 601 First St ITHACA, NY 14850	22-2470652	501(c)(3)	25,892		FMV		Research-ASTRONOMY & ASTROPHYSICS
Parent Network of New York Inc 1000 Main St BUFFALO, NY 14202	22-2717094	501(c)(3)	432,271		FMV		Research-SOCIOLOGY/DEMOGRAPHY & POPULATIONS STUDIE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY FOR VASCULAR SURGERY 38678 EAGLE WAY CHICAGO, IL 606781386	22-2990719	501(c)(6)	85,256		FMV		Medical Research
Buffalo Niagara Riverkeeper 721 Main St BUFFALO, NY 14203	22-2993054	501(C)(3)	6,352		FMV		Other-OCEAN SCIENCES & MARINE SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Rhode Island 70 Lower College Rd 3rd Fl KINGSTON, RI 02881	22-3011455	N/A	69,968		FMV		Research-NATURAL RESOURCES & CONSERVATION
Cary Institute of Ecosystem Studies PO Box AB MILLBROOK, NY 125450129	22-3232968	501(C)(3)	21,585		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rutgers The State University of NJ 94 Rockafeller Rd Ste 107 PISCATAWAY, NJ 08854	22-6001086	NJ	214,591		FMV		Other-Agricultural Sciences
Drexel University 3141 Chestnut ST PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	38,181		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of the Univ of Pennsylvania 3451 walnut ST STE room 305 philadelphia, PA 191046284	23-1352685	501(C)(3)	474,776		FMV		Research-GEOLOGICAL & EARTH SCIENCES
FISHER SCIENTIFIC WORLDWIDE 3970 JOHNS CREEK COURT STE 500 SUWANEE, GA 30024	23-2942737	N/A	9,098		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Science in the Public Interest 1220 L St NW Ste 300 WASHINGTON, DC 20005	23-7122879	501(C)(3)	99,933		FMV		Research-Agricultural Sciences
FRED HUTCHINSON 1100 FAIRVIEW AVE N J6-330 SEATTLE, WA 98109	23-7156071	501(c)(3)	387,689		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centro Internacional de Agr Tropical Inc CIAT-MIAMI7343 NW 79th Ter MEDLEY, FL 33166	23-7187762	501(C)(3)	228,835		FMV		Research-Agricultural Sciences
J DAVID GLADSTONE INSTITUTES 1650 OWENS ST SAN FRANCISCO, CA 94158	23-7203666	501(c)(3)	185,170		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JHPIEGO CORPORATION 12529 COLLECTION CENTER DRIVE CHICAGO, IL 60693	23-7424444	501(c)(3)	158,171		FMV		Medical Research
Lehigh University Bursars Office 27 Memorial Dr West Bethlehem, PA 18015	24-0795445	501(C)(3)	5,752		FMV		Research- COMMUNICATION & COMMUNICATION TECHNOLOGIE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Pennsylvania State University One Old Main University Park, PA 16802	24-6000376	PA	547,457		FMV		Medical Research
UNIVERSITY OF PITTSBURGH 116 atwood ST STE 201 pittsburgh, PA 152600100	25-0965591	501(C)(3)	868,350		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Carnegie Mellon University 5000 Forbes Ave SDS PH 208 PITTSBURGH, PA 15213	25-0969449	501(C)(3)	818,980		FMV		Research-Agricultural Sciences
Allegheny Singer Research Institute PO Box 951765 CLEVELAND, OH 44193	25-1320493	501(c)(3)	239,879		FMV		Research-BIOENGINEERING/BIOMEDICAL ENGINEERING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Camp Compass Inc 1221 Sumner Ave ALLENTOWN, PA 18104	25-1857959	501(C)(3)	20,736		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
Berkshire Environmental Action Team Inc 29 Highland Ave PITTSFIELD, MA 012012413	27-0054356	501(c)(3)	12,524		FMV		Other-Agricultural Sciences

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HIGHWAY DAYTON, OH 45435	31-0732831	501(c)(3)	134,473		FMV		Medical Research
Donald Danforth Plant Science Center 975 N Warson Rd ST LOUIS, MO 63132	31-1584621	501(C)(3)	53,750		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF CINCINNATI 51 GOODMAN DRIVE STE 530 CINCINNATI, OH 452210222	31-6000989	501(c)(3)	18,913		FMV		Medical Research
OHIO STATE UNIVERSITY 1960 KENNY RD COLUMBUS, OH 432101286	31-6025986	OH	238,389		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE RESEARCH INSTITUTE AT NATIONWID PO BOX 781653 DETROIT, MI 48278	31-6056230	501(c)(3)	43,847		FMV		Medical Research
Ohio State Univ Research Foundation Accounting Dept 4th Fl 1960 Kenny R COLUMBUS, OH 432101063	31-6401599	501(C)(3)	41,813		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

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Kent State University PO Box 5190 KENT, OH 442420001	31-6402079	501(C)(3)	8,372		FMV		Research-PHYSICS
Miami University Biology 212 Pearson Hall - 700 E Hi OXFORD, OH 45056	31-6402089	501(C)(3)	20,591		FMV		Research-Agricultural Sciences

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Planetary Science Institute 1700 E Fort Lowell Rd Ste 106 TUCSON, AZ 85719	33-0175263	501(C)(3)	47,786		FMV		Research-ASTRONOMY & ASTROPHYSICS
World Beat Center 2100 Park Blvd SAN DIEGO, CA 92101	33-0188490	501(c)(3)	28,143		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(c)(3)	938,232		FMV		Medical Research
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(c)(3)	31,264		FMV		Medical Research

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cleveland State University Financial Aid 2121 Euclid Ave CLEVELAND, OH 44115	34-0966056	501(C)(3)	5,652		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
Indiana University PO Box 66057 INDIANAPOLIS, IN 46266	35-6001673	IN	27,485		FMV		Research-AEROSPACE/AERONAUTICAL & ASTRONAUTICAL EN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PURDUE UNIVERSITY 504 W State St WEST LAFAYETTE, IN 47907	35-6002041	IN	348,453		FMV		Medical Research
Loyola University of Chicago 820 N Michigan Ave 7th Fl CHICAGO, IL 60611	36-1408475	501(C)(3)	17,500		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON, IL 60208	36-2167817	501(c)(3)	910,550		FMV		Medical Research
ANN & ROBERT H LURIE 225 EAST CHICAGO AVE CHICAGO, IL 60611	36-2170833	501(c)(3)	40,990		FMV		Medical Research

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UNIVERSITY OF CHICAGO 5837 S MARYLAND AVE CHICAGO, IL 60637	36-2177139	501(c)(3)	1,420,999		FMV		Medical Research
Governors State University 1 University Pkwy UNIVERSITY PARK, IL 60484	36-2684803	N/A	47,509		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

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Bradley University 1501 W Bradley Ave PEORIA, IL 616250119	37-0861494	N/A	26,586		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
The Board of Trustees of the Univ of Il 28392 Network Pl CHICAGO, IL 606731283	37-6000511	IL	336,041		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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The Methodist Hospital Resch Inst 601 JOHN ST BOX 26 KALAMAZOO, MI 49007	38-1359087	501(c)(3)	35,301		FMV		Medical Research
Board of Trustees of Michigan State Univ 446 W Circle Dr Rm 160 EAST LANSING, MI 488243754	38-6005984	501(C)(3)	271,090		FMV		Research-Agricultural Sciences

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Regents of the University of michigan G395 Wolverine Tower low rise Ann Arbor, MI 481091287	38-6006309	501(c)(3)	1,226,188		FMV		Medical Research
Detroit Zoological Society 8450 W 10 Mile Rd ROYAL OAK, MI 480673001	38-6027356	501(C)(3)	5,687		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

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Board of Regents Univ Wisconsin Sys 1975 Willow DR MADISON, WI 53706	39-6006492	501(C)(3)	454,969		FMV		Research-Agricultural Sciences
Regents of the University of Minnesota NW 5960PO Box 1450 MINNEAPOLIS, MN 554851450	41-6007513	MN	1,506,466		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501(c)(3)	26,860		FMV		Medical Research
Iowa State Univ of Science&Technology 2221 Wanda Daley Dr Admin Serv Bldg AMES, IA 500111004	42-6004224	IA	314,386		FMV		Research-Agricultural Sciences

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State University of Iowa 129 E Washington St814JB IOWA CITY, IA 52242	42-6004813	501(C)(3)	97,020		FMV		Research-METALLURGICAL AND MATERIALS ENGINEERING
Washington University 700 ROSEDALE AVE ST LOUIS, MO 63112	43-0653611	501(C)(3)	453,272		FMV		Medical Research

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The Curators of the Univ of Missouri PO Box 807012 KANSAS CITY, MO 641807012	43-6003859	MO	135,220		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
Missouri State University 901 S National SPRINGFIELD, MO 65897	44-6000308	501(C)(3)	7,211		FMV		Research-Agricultural Sciences

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HEALTHIX INC 40 WORTH ST NEW YORK, NY 10013	45-0553664	501(c)(3)	89,805		FMV		Medical Research
Metro Atlanta Urban Farm 3271 Main St COLLEGE PARK, GA 30337	45-2500753	501(C)(3)	14,619		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

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Oakland Museum of California 1000 Oak St OAKLAND, CA 94607	45-3138892	501(c)(3)	12,161		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
LANET COMMUNITY HEALTH RESOURCE NET 927 PINE AVE LONG BEACH, CA 90813	45-4682159	501(c)(3)	99,528		FMV		Medical Research

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North Dakota State University NDSU Dept 3130 PO Box 6050 FARGO, ND 581086050	45-6002439	ND	311,441		FMV		Research-Agricultural Sciences
VITAME TECHNOLOGIES INCORPORATED 526 CAMPUS RD 409 WEILL HALL ITHACA, NY 14853	46-1345315	N/A	27,566		FMV		Medical Research

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RUTGERS THE STATE UNIVERSITY 145 BEVIER RD PISCATAWAY, NJ 088548082	46-2354111	NJ	145,186		FMV		Medical Research
State of South Dakota Hilton M Briggs Library PO Box 211 BROOKINGS, SD 570071098	46-6000364	SD	64,981		FMV		Research-Agricultural Sciences

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CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA HIXSON LIED S OMAHA, NE 68178	47-0376583	501(c)(3)	12,727		FMV		Medical Research
Doane University 1014 Boswell Ave CRETE, NE 683332426	47-0377991	501(c)(3)	35,762		FMV		Research-Agricultural Sciences

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ALBERT EINSTEIN COLLEGE OF MEDICINE inc 1300 MORRIS PARK AVE BRONX, NY 10461	47-2209056	501(c)(3)	478,296		FMV		Medical Research
GBH INSIGHTS 443 PARK AVE SOUTH NEW YORK, NY 10016	47-5628685	N/A	62,500		FMV		Medical Research

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Kansas State University Div of Fin Services Anderson Hall R MANHATTAN, KS 665060108	48-0771751	KS	340,179		FMV		Research-Agricultural Sciences
University of Delaware Sea Grant Advisory Service 700 Pilo LEWES, DE 19958	51-6000297	501(C)(3)	49,212		FMV		Other-Agricultural Sciences

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JOHN HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	501(c)(3)	1,533,497		FMV		Medical Research
Intl Food Policy Research Institute 1201 Eye St NW WASHINGTON, DC 20005	52-1041632	501(c)(3)	467,029		FMV		Research-Other Non-S&E Fields

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WHITMAN WALKER CLINIC INC 1342 FLORIDA AVE NW WASHINGTON, DC 20009	52-1122122	501(c)(3)	45,181		FMV		Medical Research
HENRY M JACKSON FOUNDATION FOR THE 6720 A ROCKLEDGE DRIVE BETHESDA, MD 20817	52-1317896	501(c)(3)	7,944		FMV		Medical Research

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CHILDRENS RESEARCH INSTITUTE 801 ROEDER RD SILVER SPRING, MD 20910	52-1654453	501(c)(3)	369,025		FMV		Medical Research
AIDS UNITED 1101 14TH ST WASHINGTON, DC 20005	52-1706646	501(c)(3)	35,326		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univ of Maryland-Off of Comptroller Compt-Accts Payable 3101 Chesapeake COLLEGE PARK, MD 207423142	52-6002033	MD	95,266		FMV		Other-AEROSPACE/AERONAUTICAL & ASTRONAUTICAL ENGIN
American University 4400 Massachusetts Ave NW WASHINGTON, DC 20016	53-0196546	501(C)(3)	65,633		FMV		Research-INDUSTRIAL AND MANUFACTURING ENGINEERING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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The Catholic University of America 650 Michigan Ave NE Leahy 260 WASHINGTON, DC 20064	53-0196583	501(c)(3)	11,420		FMV		Research-PHYSICS
GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PLACE ASHBURN, VA 20147	53-0196584	501(c)(3)	27,018		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GEORGETOWN UNIVERSITY 37th and O STs NW Washington, DC 20057	53-0196603	501(C)(3)	23,165		FMV		Medical Research
United States Geological Survey 12100 Beach Forest Rd LAUREL, MD 20708	53-0196958	GOV'T	67,824		FMV		Research-ASTRONOMY & ASTROPHYSICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOWARD UNIVERSITY 525 BRYANT ST NW WASHINGTON, DC 20059	53-0204707	501(c)(3)	43,766		FMV		Medical Research
Smithsonian Institution MRC 1203 PO Box 37012 WASHINGTON, DC 200137012	53-0206027	501(C)(3)	15,015		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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American Fisheries Society 425 Barlow Pl Ste 110 BETHESDA, MD 208142199	54-0683803	501(c)(3)	39,147		FMV		Research-NATURAL RESOURCES & CONSERVATION
Virginia Pumpkin Growers Association 497 Farmers Market Dr HILLSVILLE, VA 243435106	54-1908543	501(C)(3)	12,400		FMV		Research-Agricultural Sciences

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UMASS AMHERST 215 WHITEMORE ADMIN BLDG AMHERST, MA 01003	54-2084125	501(c)(3)	164,844		FMV		Medical Research
Rector & Visitors University of Virginia PO Box 6550 CHARLOTTESVILLE, VA 229086550	54-6001796	VA	228,603		FMV		Medical Research

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Virginia Polytech Inst&State Univ 300 Turner St Ste 4200 BLACKSBURG, VA 24061	54-6001805	501(C)(3)	158,003		FMV		Research-Agricultural Sciences
West Virginia Univ Research Corp One Waterfront Pl 4th Fl PO Box 600 MORGANTOWN, WV 26506	55-0665758	501(C)(3)	22,757		FMV		Research-Agricultural Sciences

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National Aquaculture Association PO Box 12759 TALLAHASSEE, FL 323172759	55-0696828	501(c)(5)	15,960		FMV		Other-OCEAN SCIENCES & MARINE SCIENCES
West Virginia University PCPSAP PO Box 6024 MORGANTOWN, WV 26506	55-6000842	WV	35,239		FMV		Other-Agricultural Sciences

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE CHARLOTTE-MECHLENBURG HOSPITAL PO BOX 601979 CHARLOTTE, NC 28260	56-0529945	N/A	209,405		FMV		Medical Research
DUKE UNIVERSITY PAYMENT PROCESSING CENTER CHARLOTTE, NC 28260	56-0532129	501(c)(3)	1,006,114		FMV		Medical Research

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WAKE FOREST UNIVERSITY SCHOOL MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	56-0532138	501(c)(3)	107,774		FMV		Medical Research
North Carolina State University Box 7214 RALEIGH, NC 276957214	56-6000756	NC	263,104		FMV		Research-Agricultural Sciences

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University of North Carolina Chapel Hill Office of Sponsored Research PO Box ATLANTA, GA 303842420	56-6001393	NC	752,848		FMV		Medical Research
Clemson University 108 Silas N Pearman Blvd CLEMSON, SC 29634	57-6000254	501(C)(3)	299,105		FMV		Research-Agricultural Sciences

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EMORY UNIVERSITY 954 GATEWOOD RD NE ATLANTA, GA 30329	58-0566256	501(c)(3)	232,802		FMV		Medical Research
Georgia Tech Research Corporation 505 TENTH ST N W ATLANTA, GA 303320420	58-0603146	501(c)(3)	664,384		FMV		Medical Research

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UGA Research Foundation Inc 310 E Campus Rd Tucker Hall Rm 411 ATHENS, GA 30602	58-1353149	501(c)(3)	7,453		FMV		Research-Agricultural Sciences
Clark Atlanta University 223 James P Brawley Dr SW ATLANTA, GA 303144391	58-1825259	501(c)(3)	263,266		FMV		Research-METALLURGICAL AND MATERIALS ENGINEERING

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University of Georgia 310 East Campus Rd Tucker Hall Rm 4 ATHENS, GA 30602	58-6001998	GA	44,627		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
GEORGIA STATE UNIVERSITY PO BOX 3999 ATLANTA, GA 30302	58-6002050	GA	43,738		FMV		Medical Research

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UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384	59-0624458	501(c)(3)	1,019,585		FMV		Medical Research
FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY TALLAHASSEE, FL 32306	59-1961248	FL	383,374		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

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HLEE MOFFITT CANCER CENTER & 12902 MAGNOLIA DRIVE TAMPA, FL 336129497	59-2451713	501(c)(3)	44,316		FMV		Medical Research
University of South Florida 4202 Fowler AVE Adm 147 TAMPA, FL 33620	59-6001874	501(C)(3)	343,121		FMV		Research-Other Non-S&E Fields

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UNIVERSITY OF FLORIDA 33 TIGERT HALL GAINESVILLE, FL 32611	59-6002052	501(c)(3)	609,530		FMV		Medical Research
Florida Institute of Technology Inc 150 W University Blvd MELBOURNE, FL 32901	59-6046500	501(c)(3)	20,892		FMV		Research-PHYSICS

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Oregon State University Plant Clinic 1089 Cordley Hall CORVALLIS, OR 97331	61-1730890	OR	249,684		FMV		Research-Agricultural Sciences
The Vanderbilt University PMB 406310 2301 VANDERBILT PLACE NASHVILLE, TN 372406310	62-0476822	501(c)(3)	70,401		FMV		Medical Research

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University of Tennessee 206 Henson Hall KNOXVILLE, TN 379963332	62-6001636	501(C)(3)	59,839		FMV		Research-Agricultural Sciences
Auburn University 208 M White Smith Hall 381 Mell St AUBURN UNIVERSITY, AL 368495110	63-6000724	501(C)(3)	84,612		FMV		Other-Agricultural Sciences

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UNIVERSITY OF ALABAMA 1720 2nd AVE SOUTH BIRMINGHAM, AL 35294	63-6005396	501(c)(3)	989,986		FMV		Medical Research
FLORIDA INTERNATIONAL UNIVER 11200 SW 8TH ST CSC319 MIAMI, FL 33199	65-0177616	501(c)(3)	43,330		FMV		Medical Research

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University of the Virgin Islands Angela Belfon 2 John Brewers Bay SAINT THOMAS, VI 00802	66-0432514	501(C)(3)	24,054		FMV		Research-GEOLOGICAL & EARTH SCIENCES
UNIVERSITY OF TEXAS EL PASO ADMINISTRATION BLDG EL PASO, TX 79968	71-6000813	TX	18,985		FMV		Medical Research

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TULANE UNIVERSITY 35 MCALISTER DRIVE NEW ORLEANS, LA 70118	72-0423889	501(c)(3)	19,856		FMV		Medical Research
US Dept of Agriculture PO Box 301550 LOS ANGELES, CA 900301550	72-0564834	GOV'T	320,104		FMV		Other- AEROSPACE/AERONAUTICAL & ASTRONAUTICAL ENGIN

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LOUISIANA PUBLIC HEALTH INSTITUTE 1515 POYDRAS ST NEW ORLEANS, LA 70112	72-1379921	501(c)(3)	16,518		FMV		Medical Research
Rice University office of Admission Ms-17 PO Box 18 HOUSTON, TX 77251	74-1109620	501(C)(3)	300,985		FMV		Research-PHYSICS

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BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA MS BCM385 ROOM 700B HOUSTON, TX 77030	74-1613878	501(c)(3)	230,111		FMV		Medical Research
TEXAS A&M ENGINEERING EXPERIMENT ST 1470 WILLIAM D FITCH PKWY COLLEGE STATION, TX 77845	74-1974733	TX	15,768		FMV		Medical Research

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NATIONAL JEWISH HEALTH 1400 JACKSON ST DENVER, CO 80205	74-2044647	501(c)(3)	277,187		FMV		Medical Research
The University of Arizona 4101 N Campbell Ave TUCSON, AZ 85719	74-2652689	AZ	45,743		FMV		Research-Agricultural Sciences

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Texas A&M Engineering Experiment 1470 WILLIAM D FITCH PKWY COLLEGE STATION, TX 77845	74-6000089	TX	125,523		FMV		Medical Research
The University of Texas at Austin PO Box 7159 AUSTIN, TX 787137159	74-6000203	TX	29,102		FMV		Research-PHYSICS

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Texas A & M University 400 Harvey Mitchell Pkwy S Ste 300 COLLEGE STATION, TX 778454375	74-6000531	TX	86,203		FMV		Research-PHYSICS
Texas A & M AgriLife Research 2147 TAMU COLLEGE STATION, TX 77843	74-6000541	TX	6,078		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

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The University of Texas at El Paso 500 W University Ave ADMIN BLDG Rm EL PASO, TX 79968	74-6000813	TX	264,558		FMV		Research-CIVIL ENGINEERING
MD Anderson Cancer Center Grants Contracts Acc 1644 PO Box HOUSTON, TX 772104266	74-6001118	TX	164,803		FMV		Research-BIOENGINEERING/BIOMEDICAL ENGINEERING

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BAYLOR REASEARCH INSTITUTE 1950 N STEMMONS FREEWAY STE 5010 DALLAS, TX 75207	75-1921898	501(c)(3)	83,287		FMV		Medical Research
Texas Tech University PO Box 41105 LUBBOCK, TX 794091105	75-6002622	501(C)(3)	16,466		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

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UT SOUTHWESTERN MED CENTER PO BOX 842265 DALLAS, TX 75284	75-6002868	TX	355,149		FMV		Medical Research
Bastion Technologies Inc 17625 El Camino Real Ste 330 HOUSTON, TX 77058	76-0586385	N/A	149,706		FMV		Research-ASTRONOMY & ASTROPHYSICS

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KinetX Inc Tab Alliance Bank PO Box 150990 OGDEN, UT 88415	77-0326085	N/A	48,705		FMV		Research-ASTRONOMY & ASTROPHYSICS
NEW YORK GENOME CENTER INC PO BOX 9551 NEW YORK, NY 10087	80-0631734	501(c)(3)	470,349		FMV		Medical Research

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Sathguru Inc 88 BRD St Fl 5 BOSTON, MA 02110	80-0664005	N/A	1,607,966		FMV		Research-Agricultural Sciences
Montana State University 119 Plant BioSciences Bldg Schutter BOZEMAN, MT 59717	81-6010045	501(C)(3)	124,324		FMV		Research-Agricultural Sciences

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WHITMAN WALKER INSTITUTE INC 1525 14TH ST NW WASHINGTON, DC 20005	82-3871397	501(c)(3)	23,335		FMV		Medical Research
Regents of the University of Idaho 29603 U of I Ln PARMA, ID 83660	82-6000945	501(C)(3)	431,426		FMV		Research-Agricultural Sciences

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Colorado State University Clinical Sciences 1678 Campus Deliv FORT COLLINS, CO 805231678	84-6000545	CO	274,872		FMV		Research-Agricultural Sciences
Regents of University of Colorado PO BOX 910238 DENVER, CO 80291	84-6000555	CO	702,688		FMV		Medical Research

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UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NM ALBUQUERQUE, NM 87131	85-6000642	NM	165,035		FMV		Medical Research
Arizona State University PO Box 871504 acct AW51093 TEMPE, AZ 852871504	86-0196696	AZ	26,671		FMV		Research-ASTRONOMY & ASTROPHYSICS

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DNA HIVE LLC 499 FOREST ST WALTHAM, MA 02452	86-7802833	N/A	67,207		FMV		Medical Research
Brigham Young University DNA Sequencing Center 401 WIDB PROVO, UT 84602	87-0217280	501(C)(3)	51,799		FMV		Research-PHYSICS

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METHODIST HOSPITAL PO BOX 4805 HOUSTON, TX 77210	87-0721923	501(c)(3)	78,681		FMV		Medical Research
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	87-6000525	UT	380,586		FMV		Medical Research

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Utah State University 2315 Old Main Hill LOGAN, UT 84322	87-6000528	UT	138,338		FMV		Research-Agricultural Sciences
Honeybee Robotics Ltd PO Box 7 SIMSBURY, CT 060700007	88-0193033	N/A	931,602		FMV		Research-ASTRONOMY & ASTROPHYSICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Martin's University 5000 Abbey Way SE LACEY, WA 98503	91-0564993	501(c)(3)	5,206		FMV		Research-CHEMISTRY
The Evergreen State College Financial Aid Office 2700 Evergreen OLYMPIA, WA 98505	91-0981488	501(C)(3)	58,822		FMV		Research-HEALTH SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington State University 24106 N Bunn Rd PROSSER, WA 993508694	91-6001108	WA	271,542		FMV		Research-Agricultural Sciences
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 981959472	91-6001537	WA	820,379		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Alaska PO Box 755040 FAIRBANKS, AK 997755040	92-6000147	501(C)(3)	25,462		FMV		Research-GEOLOGICAL & EARTH SCIENCES
Oregon Museum of Science and Industry Unit 85 PO Box 4145 PORTLAND, OR 972084145	93-0402877	501(C)(3)	6,658		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 W SAM JACKSON PARK RD PORTLAND, OR 972393098	93-1176109	501(c)(3)	218,621		FMV		Medical Research
Board of Trustees Leland Stanford Univ 3145 porter drive palo alto, CA 94304	94-1156365	501(c)(3)	1,297,947		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SETI Institute 189 N Bernardo Ave Ste 100 MOUNTAIN VIEW, CA 940435203	94-2951356	501(C)(3)	98,082		FMV		Research-ASTRONOMY & ASTROPHYSICS
Regents Of the University of California PO Box 989062 West SACRAMENTO, CA 957989062	94-3067788	CA	2,527,555		FMV		Research-Agricultural Sciences

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN CALIFORNIA INSTITUTE 4150 CLEMENT ST 151 NC SAN FRANCISCO, CA 94121	94-3084159	501(c)(3)	225,179		FMV		Medical Research
University of California San Francisco PO BOX 0812 SAN FRANCISCO, CA 94143	94-6036493	CA	175,970		FMV		Research- BIOENGINEERING/BIOMEDICAL ENGINEERING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA DAVIS MMRR 2795 SECOND ST STE 400 DAVIS, CA 95618	94-6036494	501(c)(3)	33,176		FMV		Medical Research
University of Southern California 3499 S FIGUEROA ST LOS ANGELES, CA 90089	95-1642394	501(c)(3)	117,925		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Institute of Technology 1200 E California Blvd M/C 114-96 PASADENA, CA 91125	95-1643307	501(C)(3)	195,305		FMV		Research-COMPUTER AND INFORMATIONAL SCIENCES
CEDARS SINAI MEDICAL CENTER 6500 WILSHIRE BLVD LOS ANGELES, CA 90048	95-1644600	501(c)(3)	13,908		FMV		Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents Univ of California Los Angeles Box 951432 LOS ANGELES, CA 900951432	95-6006143	501(C)(3)	633,744		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
The Regents of the University of California Marine Sci Instit Bldg 520 Room 400 SANTA BARBARA, CA 931066150	95-6006145	501(C)(3)	160,215		FMV		Research-COMPUTER AND INFORMATIONAL SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Diego State University Fdn 5250 Campanile Dr MC 1947 SAN DIEGO, CA 921821901	95-6042721	501(C)(3)	9,854		FMV		Research-BIOLOGICAL & BIOMEDICAL SCIENCES
Newton LLC 7100 Chesapeake Rd Ste 202 HYATTSVILLE, MD 20784	45-5427927	N/A	36,920		FMV		Research-ASTRONOMY & ASTROPHYSICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ag-Analytics Technology Company LLC 122 S Cayuga St ITHACA, NY 14850	83-0673326	N/A	70,633		FMV		Other-Other Non-S&E Fields
Chautauqua Cty Cooperative Ext Assoc 3542 Turner Rd JAMESTOWN, NY 14701	16-6072874	N/A	61,235		FMV		Other-Agricultural Sciences

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Genesis Engineering Solutions Inc 4501 Boston Way Ste A LANHAM, MD 20706	04-3651329	N/A	131,660		FMV		Research-ASTRONOMY & ASTROPHYSICS
Malin Space Science Systems Inc PO Box 910148 SAN DIEGO, CA 921910148	93-1046372	N/A	182,088		FMV		Research-ASTRONOMY & ASTROPHYSICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONROE COUNTY OPERATING 249 Highland Ave ROCHESTER, NY 146203036	16-6072886	GOV'T	9,959		FMV		Other-PSYCHOLOGY
University of Puerto Rico Financial Aid Office PO Box 9000 MAYAGUEZ, PR 00681	66-0560806	GOV'T	10,662		FMV		Research-PHYSICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USDA FMMI COD Collections PO Box 979009 ST LOUIS, MO 631799000	72-0564834	GOV'T	441,522		FMV		Other-Agricultural Sciences

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.		OMB No 1545-0047
			2018
			Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization Cornell University		Employer identification number 15-0532082	

Part I Questions Regarding Compensation		
	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </div> <div> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef) </div> </div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2018**

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A AND 2	THE POSITIONS OF PRESIDENT OF THE CORNELL UNIVERSITY AND THE DEAN OF MEDICINE AT WEILL MEDICAL COLLEGE RECEIVE THE BENEFITS STATED IN SCHEDULE J, PART I, LINE 1A AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE UNIVERSITY, BOTH THE PRESIDENT OF THE UNIVERSITY AND THE INDIVIDUAL SERVING AS DEAN AND PROVOST OF MEDICINE ARE REQUIRED TO LIVE IN UNIVERSITY-PROVIDED HOUSING. EXPENSES FOR USE OF THEIR RESPECTIVE HOMES FOR THE UNIVERSITY'S BUSINESS PURPOSES ARE PAID OR REIMBURSED BY THE UNIVERSITY. TAXABLE HOUSING BENEFITS ARE SHOWN IN SCHEDULE J FOR ZEV ROSENWAKS AND KEN MIRANDA. POTENTIALLY TAXABLE BENEFITS, SUCH AS USE OF AN AUTOMOBILE, PROVIDING A CORNELL EMPLOYEE AS A DRIVER, CLUB AND ASSOCIATION MEMBERSHIPS USED FOR BUSINESS PURPOSES, DISCRETIONARY SPENDING ACCOUNTS, PERSONAL SERVICES, AND PAYMENT OF PROFESSIONAL ADVISORS HAVE BEEN INCLUDED WHERE RELEVANT IN SCHEDULE J, PART II. WHERE BENEFITS ARE TAXABLE, SUCH AMOUNTS ARE INCLUDED AS TAXABLE WAGES ON THE EMPLOYEES RESPECTIVE FORMS W-2. PAYMENT OR REIMBURSEMENT OF THE EXPENSES DESCRIBED IN LINE 1A ARE COVERED BY THE UNIVERSITY'S TRAVEL POLICIES OR SPECIFIC EMPLOYMENT CONTRACTS AND INCLUDES THE UNIVERSITY'S IMPLEMENTATION OF AN ACCOUNTABLE PLAN. THERE IS OCCASIONALLY UNIT DISCRETION.

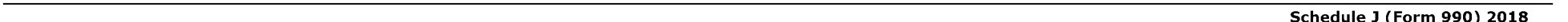
Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	HUNTER R RAWLINGS PARTICIPATED IN A BOARD-AUTHORIZED IRC SECTION 457(F) DEFERRED COMPENSATION PLAN WHILE SERVING THE UNIVERSITY FOLLOWING HIS SECOND RETIREMENT FROM THE UNIVERSITY, PAYMENTS UNDER THE IRC SECTION 457(F) PLAN RESUMED IN JULY, 2017 THE CURRENT PRESIDENT DOES NOT CURRENTLY PARTICIPATE IN A 457(F) PLAN

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	ALL BONUS PAYMENTS INCLUDED ABOVE ARE NON-FIXED AND ARE PROVIDED TO INDIVIDUALS IN RECOGNITION OF ACCOMPLISHMENTS OF SPECIFIC GOALS OR OVERALL PERFORMANCE, EXCEPT CHIEF INVESTMENT OFFICER WHOSE BONUS IS DETERMINED ACCORDING TO A PREDETERMINED FORMULA ADDITIONAL INFORMATION ON BOARD OF TRUSTEES THE CORNELL BOARD INCLUDES FACULTY, STAFF AND STUDENTS FACULTY MEMBERS ELECT TWO (2) MEMBERS, THE STUDENT BODY ELECTS TWO (2) MEMBERS, THE 'EMPLOYEE ASSEMBLIES' ELECT ONE (1) MEMBER

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN B(II)	BONUS AND INCENTIVE PAY IS ANY PAYMENT RECEIVED RELATED TO THE SCHEDULE J, PART I, LINE 7 DISCLOSURE THE FOLLOWING INDIVIDUALS RECEIVED BONUS AND INCENTIVE PAY AUGUSTINE M K CHOI, DANIEL KNOWLES, STEPHEN COHEN, KENNETH M MIRANDA AND ZEV ROSENWAKS, MD

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN B(III)	OTHER REPORTABLE COMPENSATION REPORTED ON SCHEDULE J IS MADE UP OF ONE, OR A VARIETY OF THE FOLLOWING ITEMS PENSION RESTORATION BENEFITS, SUPPLEMENTAL WAGES, WHICH INCLUDES WAGES EARNED FOR CLINICAL SERVICES AT THE HOSPITAL, AND OTHER TAXABLE BENEFITS OR REIMBURSEMENTS RECEIVED, SUCH AS A HOUSING ALLOWANCE THE FOLLOWING INDIVIDUALS RECEIVED SUPPLEMENTAL WAGES FOR CLINICAL SERVICES AUGUSTINE M K CHOI, ZEV ROSENWAKS, MD, HEY-JOO KANG, MD, STEVEN SPANDORFER, MD, AND PAK H CHUNG, MD ZEV ROSENWAKS, MD, RECEIVED TAXABLE HOUSING ALLOWANCES

Return Reference	Explanation
SCHEDULE J, PART II, COLUMNS C AND D	CORNELL UNIVERSITY PROVIDES A WIDE VARIETY OF BENEFITS TO ITS EMPLOYEES. BENEFITS ARE TREATED AS A NON-TAXABLE BENEFIT, A PRE-TAX EMPLOYEE DEDUCTION, A POST-TAX EMPLOYEE DEDUCTION, OR OTHERWISE RECORDED AS TAXABLE INCOME. CORNELL CONTRIBUTES ON BEHALF OF THE EMPLOYEE ON A TAX-FREE BASIS, FOR A PORTION OF THEIR HEALTH, DENTAL, AND LIFE INSURANCE. EMPLOYEES CONTRIBUTE TO THOSE BENEFITS ON A PRE-TAX BASIS, ALONG WITH OTHER PRE-TAX BENEFITS SUCH AS VISION, A FLEXIBLE SPENDING ACCOUNT, DEPENDENT GROUP LIFE INSURANCE, AND RETIREMENT ACCOUNTS.



Additional Data

Software ID:
Software Version:
EIN: 15-0532082
Name: Cornell University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MELISSA A HINES Trustee & Professor	(i)	161,724	1,364	37,200	20,233	6,633	227,154	0
	(ii)	0	0	0	0	0	0	0
BRUCE V LEWENSTEIN Trustee & Professor	(i)	149,863	0	17,511	22,860	24,197	214,431	0
	(ii)	0	0	0	0	0	0	0
Augustine MK Choi MD Provost for Medl Affrs & Dean	(i)	893,865	7,500	1,213,081	35,580	12,936	2,162,962	0
	(ii)	0	0	0	0	0	0	0
JOANNE M DESTEFANO EVP & CFO	(i)	662,522	0	46,606	59,255	11,179	779,562	0
	(ii)	0	0	0	0	0	0	0
MICHAEL I KOTLIKOFF PROVOST	(i)	688,404	0	28,874	100,250	20,661	838,189	0
	(ii)	0	0	0	0	0	0	0
MARTHA E POLLACK President	(i)	1,054,050	0	62,186	46,000	15,761	1,177,997	0
	(ii)	0	0	0	0	0	0	0
MADELYN F WESSEL UNIV COUNSEL & SECRETARY	(i)	530,821	0	33,660	46,000	16,544	627,025	0
	(ii)	0	0	0	0	0	0	0
Stephen Cohen Exec Vice Prov for Adm & Fin	(i)	1,207,736	18,500	4,420	35,580	29,213	1,295,449	0
	(ii)	0	0	0	0	0	0	0
Robert J Min MD Chief Executive Officer	(i)	341,811	0	1,386,266	35,580	13,566	1,777,223	0
	(ii)	0	0	0	0	0	0	0
KENNETH M MIRANDA CHIEF INVESTMENT OFFICER	(i)	775,490	901,242	163,238	46,000	2,650	1,888,620	0
	(ii)	0	0	0	0	0	0	0
PAK H CHUNG MD ASSOCIATE PROFESSOR CLINICAL	(i)	78,334	0	3,861,519	35,580	35,713	4,011,146	0
	(ii)	0	0	0	0	0	0	0
Rony Elias Assistant Professor - Clinical	(i)	53,213	0	3,762,578	25,080	35,119	3,875,990	0
	(ii)	0	0	0	0	0	0	0
Hey-Joo Kang MD Associate Professor Clinical	(i)	62,293	0	5,511,124	25,080	35,480	5,633,977	0
	(ii)	0	0	0	0	0	0	0
Zev Rosenwaks MD Professor Tenure Clinical	(i)	319,550	1,220,004	6,686,164	35,580	25,563	8,286,861	0
	(ii)	0	0	0	0	0	0	0
STEVEN SPANDORFER MD ASSOCIATE PROFESSOR CLINICAL	(i)	76,392	0	4,140,152	35,580	32,874	4,284,998	0
	(ii)	0	0	0	0	0	0	0
ANTONIO M GOTTO MD FORMER PROVOST & DEAN OF WEILL	(i)	0	0	2,820,958	0	0	2,820,958	0
	(ii)	0	0	0	0	0	0	0
HARRY KATZ FORMER OFFICER/CURRENT PROF	(i)	285,737	11,000	62,132	40,755	24,496	424,120	0
	(ii)	0	0	0	0	0	0	0
Hunter R Rawlings III FORMER PRESIDENT	(i)	993,988	0	0	15,000	15,339	1,024,327	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Cornell University

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

15-0532082

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A TCIDA (SERIES 2008A 70 MILLION PAR)	16-1214039	890099EQ3	06-23-2010	75,307,598	REFUND 2008 BONDS (1/30/2008)		X		X		X
B DASNY (SERIES 1990B - 5045 MILLION PAR)	14-6000293	649905ZH2	05-03-2010	55,997,134	REFUND 1990 BONDS (12/19/1990)		X		X		X
C DASNY (SERIES 2004A&B - 921 MILLION PAR)	14-6000293	64983TRF2	05-27-2004	92,100,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
D DASNY (SERIES 2016A - 12585 MILLION PAR)	14-6000293	64990BG49	05-17-2016	153,651,986	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	14,600,000		26,025,000		32,400,000		13,590,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	75,307,598		55,997,134		92,663,883		153,651,986	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	520,432		0		842,345		660,938	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		50,376,296		0	
11	Other spent proceeds	74,787,166		55,997,134		41,445,242		152,991,048	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2010		2010		2006		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X				X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X				X		X	

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X				X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X				X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X				X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X				X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X				X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X				X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X				X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X	X			X	X	
c	No rebate due?	X			X	X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SERIES 2008a	PART IV, QUESTION 2 ARBITRAGE REBATE COMPUTATION COMPLETED 9/12/2012 CORNELL HAS VERIFIED THAT ALL REQUIRED ARBITRAGE REPORTS WERE FILED AS FINAL, AND NO ADDITIONAL REPORTS ARE REQUIRED DUE TO THE FACT THERE CAN BE NO IRS INSTALLMENT PAYMENTS OR LIABILITY SINCE ALL BOND PROCEEDS WERE UTILIZED OR SPENT PRIOR TO EACH FINAL ARBITRAGE FILING

Return Reference	Explanation
SERIES 1990B	PART III THE PRE-2003 ISSUANCE RULES APPLY, THEREFORE, PART III IS NOT REQUIRED PART IV, QUESTION 2 SERIES 1990B BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT EXEMPT FROM REBATE CALCULATION

Return Reference	Explanation
SERIES 2004A&B	PART I (F) REFUNDED 1998 TAX EXEMPT COMMERCIAL PAPER (\$40,805,000) AND FINANCED NEW PROJECTS PART IV, QUESTION 2 ARBITRAGE REBATE CALCULATION COMPLETED 7/24/2007 CORNELL HAS VERIFIED THAT ALL REQUIRED ARBITRAGE REPORTS WERE FILED AS FINAL, AND NO ADDITIONAL REPORTS ARE REQUIRED DUE TO THE FACT THERE CAN BE NO IRS INSTALLMENT PAYMENTS OR LIABILITY SINCE ALL BOND PROCEEDS WERE UTILIZED OR SPENT PRIOR TO EACH FINAL ARBITRAGE FILING

Return Reference	Explanation
SERIES 2016A	PART I (F) REFUNDED 2006 DASNY BONDS (ISSUES 5/11/2006) PART IV, QUESTION 2 SERIES 2016A BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT EXEMPT FROM REBATE CALCULATION

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Cornell University

Employer identification number
15-0532082

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DASNY (2019A B C - 286155000)	14-6000293	64990GMF6	04-25-2019	306,733,618	SERIES 2019A AND TECP REFUNDING		X		X		X
B	DASNY (SERIES 2010A - 285000000)	14-6000293	649905R99	06-09-2010	301,560,097	SEE SUPPLEMENTAL INFORMATION		X		X		X
C	DASNY CP PROGRAM (MAY 122011 TAX CERTIFICATE)	14-6000293	64983L000	05-12-2011	59,000,000	SEE SUPPLEMENTAL INFORMATION		X		X		X
D	DASNY (SERIES 2008B&C - 127785 MILLION PAR)	14-6000293	649905A97	05-03-2010	139,688,300	REFUNDED 2008 DASNY BONDS		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	0		0		59,000,000		25,085,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	306,733,618		301,900,097		59,000,038		139,688,300	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		29,036,727		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		2,113,328		0		770,300	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		218,375,984		17,845,038		0	
11	Other spent proceeds	306,733,618		52,374,058		41,155,000		138,918,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2019		2014		2013		2010	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X			X		X	X	
c	No rebate due?		X	X		X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
2019A, B, C	PART I (F) REFUNDED \$253,625,000 OF SERIES 2009A BONDS AND \$52,890,000 OF TAX-EXEMPT CP PART IV, QUESTION 2 SERIES 2019A, B, C BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT EXEMPT FROM REBATE CALCULATION

Return Reference	Explanation
SERIES 2010A	PART I (F) REFUNDED \$50 MILLION OF TAXABLE DEBT AND FINANCED CONSTRUCTION OF A MEDICAL BUILDING PART IV, QUESTION 2 ARBITRAGE REBATE CALCULATION COMPLETED 7/31/2012 CORNELL HAS VERIFIED THAT ALL REQUIRED ARBITRAGE REPORTS WERE FILED AS FINAL, AND NO ADDITIONAL REPORTS ARE REQUIRED DUE TO THE FACT THERE CAN BE NO IRS INSTALLMENT PAYMENTS OR LIABILITY SINCE ALL BOND PROCEEDS WERE UTILIZED OR SPENT PRIOR TO EACH FINAL ARBITRAGE FILING

Return Reference	Explanation
1998 TAX-EXEMPT COMMERCIAL PAPER	PART I (F) REFUNDED TAX EXEMPT COMMERCIAL PAPER (\$6,155,000) AND REFUNDED TAXABLE COMMERCIAL PAPER (\$35,000,000) AND (\$52,845,000) OF NEW MONEY COMPONENT PART IV, QUESTION 2 ARBITRAGE REBATE CALCULATION COMPLETED 5/12/2013 CORNELL HAS VERIFIED THAT ALL REQUIRED ARBITRAGE REPORTS WERE FILED AS FINAL, AND NO ADDITIONAL REPORTS ARE REQUIRED DUE TO THE FACT THERE CAN BE NO IRS INSTALLMENT PAYMENTS OR LIABILITY SINCE ALL BOND PROCEEDS WERE UTILIZED OR SPENT PRIOR TO EACH FINAL ARBITRAGE FILING

Return Reference	Explanation
SERIES 2008 B&C	PART I (F) REFUND 2008 DASNY BONDS (ISSUED APRIL 10, 2008) PART IV, QUESTION 2 SERIES 2008 REFUNDED EXISTING BONDS WITH NO NEW MONEY COMPONENT EXEMPT FROM ARBITRAGE REBATE CALCULATION

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Cornell University

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

15-0532082

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Dasny (Series 2000A&B - 10113 million par)	14-6000293		12-16-2015	101,130,000	See Supplemental Information		X		X		X
B TCIDA (series 2002A - 35765 million par)	16-1214039		01-20-2016	35,765,000	SEE SUPPLEMENTAL INFORMATION		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	22,500,000		5,400,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	101,130,000		35,765,000					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	0		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	101,130,000		35,765,000					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2016		2016					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?											
2	Are there any lease arrangements that may result in private business use of bond-financed property?											

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X		X					
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SERIES 2000A&B	PART I (F) REFUNDED 2000A&B DASNY BONDS (ISSUED 3/28/2000) PART III THE PRE-2003 ISSUANCE RULES APPLY, THEREFORE, PART III IS NOT REQUIRED PART IV, QUESTION 2 SERIES 2000A&B BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT EXEMPT FROM REBATE CALCULATION

Return Reference	Explanation
SERIES 2002A	PART I (F) REFUNDED 2002A TCIDA BONDS (ISSUED 2/14/2002) PART III THE PRE-2003 ISSUANCE RULES APPLY, THEREFORE, PART III IS NOT REQUIRED PART IV, QUESTION 2 SERIES 2002A BONDS REFINANCED EXISTING DEBT WITH NO NEW MONEY COMPONENT EXEMPT FROM REBATE CALCULATION PART VI NOTE ON TAX EXEMPT BONDS WITH THE IMPLEMENTATION OF THE MIXED USE RULES, THE UNIVERSITY HAS SEEN A REDUCTION IN REPORTABLE PRIVATE USE DUE TO UNIVERSITY EQUITY AND GIFTS

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Cornell University

Employer identification number
15-0532082

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) First Reserve Funds	FORMER TRUSTEE - MACAULAY	622,616	Distribution to University		No
(2) Peter Destefano	OFFICER - SPOUSE	96,277	compensation		No
(3) Carolyn McDaniel	OFFICER - SPOUSE	109,290	Compensation		No
(4) Mary E Choi	OFFICER - SPOUSE	377,479	COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Name of the organization
Cornell University

Employer identification number
15-0532082

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	62	3,671,964	Appraisal
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .	X		401,470	FMV
5 Clothing and household goods	X		1,532	FMV
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	1,173	43,779,331	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests	X	1	2,163,701	FMV
12 Securities—Miscellaneous . .	X	82,200	241,269	FMV
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	3	14,624	FMV
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► (Equipment)	X	84	4,034,918	FMV
26 Other ► (Horses)	X	50	558,527	FMV
27 Other ► (Gift certificates)	X	9	1,775	FMV
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

2927

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
			No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Cornell University**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

15-0532082

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATIONS MISSION THE MISSION OF CORNELL UNIVERSITY IS TO PROVIDE UNDERGRADUATE, GRADUATE, AND PROFESSIONAL DEGREE PROGRAMS, TO DISCOVER, PRESERVE, AND DISSEMINATE KNOWLEDGE, PROMOTE CREATIVE WORK, AND PROMOTE A CULTURE OF BROAD INQUIRY THROUGHOUT AND BEYOND THE UNIVERSITY COMMUNITY CORNELL ALSO AIMS, THROUGH PUBLIC SERVICE, TO ENHANCE THE LIVES AND LIVELIHOODS OF STUDENTS, THE CITIZENS OF NEW YORK STATE, AND OTHERS AROUND THE WORLD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CONTINUED AND CORNELL TECH IN NEW YORK CITY THE UNIVERSITY HAS A SIGNIFICANT INTERNATIONAL EDUCATIONAL PRESENCE, INCLUDING WEILL CORNELL MEDICAL COLLEGES CAMPUS IN DOHA, QATAR DURING THE REPORTING YEAR, THE UNIVERSITY GRANTED THE FOLLOWING DEGREES UNDERGRADUATE (3,814), MASTERS (2,932), PH D (609), AND J D, M D & D V M DEGREES (386) FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICE ACCOMPLISHMENTS INCLUDE, BUT ARE NOT LIMITED TO, CORNELL'S LAND-GRANT MISSION, ACADEMIC CONFERENCES, PUBLICATIONS, AND ROOM AND BOARD FOR STUDENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>EXECUTIVE COMMITTEE ARTICLE II OF THE BY-LAWS PROVIDES THAT THE EXECUTIVE COMMITTEE IS COMPRISED OF THE CHAIRPERSON AND VICE CHAIRPERSONS OF THE BOARD, THE PRESIDENT OF THE UNIVERSITY, AND THE CHAIRPERSONS OF THE TWO BOARDS OF OVERSEERS, EACH EX OFFICIO, TOGETHER WITH TRUSTEES AND EMERITUS TRUSTEES TO BE ELECTED BY THE BOARD DURING THIS REPORTING YEAR, ALL MEMBERS OF THE EXECUTIVE COMMITTEE WERE TRUSTEES THE EXECUTIVE COMMITTEE IS AUTHORIZED TO</p> <p>(I) REVIEW THE BUDGET AND FINANCIAL PLAN FOR CORNELL UNIVERSITY, EXCEPT FOR WEILL MEDICAL COLLEGE, AND TO SUBMIT THE PLAN, WITH RECOMMENDATIONS, FOR FULL BOARD REVIEW, (II) REVIEW THE PRESIDENT'S PLAN FOR THE UNIVERSITY'S PROPERTIES AND INVESTMENTS, (III) REVIEW AND APPROVE THE PRESIDENT'S COMPENSATION, (IV) REVIEW AND APPROVE COMPENSATION AND BENEFIT POLICIES FOR ALL UNIVERSITY PERSONNEL, (V) ELECT THE DEANS, DIRECTORS AND OTHER HEADS OF THE COLLEGES, SCHOOLS OR OTHER ACADEMIC UNITS, ALL UPON RECOMMENDATION OF THE PROVOST OR PROVOST FOR MEDICAL AFFAIRS, AS APPROPRIATE, AND WITH THE CONCURRENCE OF THE PRESIDENT, (VI) PRESCRIBE THE DUTIES OF SUCH OFFICERS AND ADJUST THEIR COMPENSATION, EXCEPT FOR WEILL MEDICAL COLLEGE, AND (VII) EXERCISE THE POWERS OF THE BOARD IN ALL MATTERS, EXCEPT THOSE WHICH REQUIRE ACTION BY THE FULL BOARD, BETWEEN MEETINGS OF THE BOARD OF TRUSTEES FORM 990, PART VI, LINE 4 SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS CHANGES MADE TO THE UNIVERSITY BY-LAWS WERE APPROVED BY THE BOARD ON THE FOLLOWING DATES FEBRUARY 1, 2019 - UNIVERSITY BYLAWS ARTICLE XIII, SECTION 1 TO REPLACE NONVOTING MEMBERS WITH INSTRUCTIONAL AND RESEARCH STAFF, ARTICLE XIII, SECTION 3 TO CORRECT THE TITLE OF FACULTY SENATE (VS UNIVERSITY FACULTY SENATE, AND ARTICLE II, SECTION 4 (C) TO ALLOW LECTURERS AND RESEARCHERS TO VOTE FOR FACULTY TRUSTEES ALSO INCLUDED SIGNIFICANT AMENDMENTS TO THE RESOLUTION REGARDING GOVERNANCE OF THE MEDICAL COLLEGE & GRADUATE SCHOOL OF MEDICAL SCIENCES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	POWER TO ELECT OR APPOINT MEMBERS PURSUANT TO THE UNIVERSITYS CHARTER, THE BOARD OF TRUSTEES CONSISTS OF 62 MEMBERS OF THIS NUMBER, THE GOVERNOR, THE TEMPORARY PRESIDENT OF THE SENATE, THE SPEAKER OF THE ASSEMBLY, AND THE PRESIDENT OF THE UNIVERSITY ARE EX OFFICIO TRUSTEES DURING THEIR TERMS OF OFFICE FURTHER, THE ELDEST LINEAL DESCENDANT OF EZRA CORNELL IS APPOINTED AS A TRUSTEE FOR HIS OR HER LIFE THE GOVERNOR ALSO APPOINTS THREE TRUSTEES ADDITIONALLY, ACADEMIC FACULTY APPOINT TWO MEMBERS, THE STUDENT BODY APPOINTS TWO MEMBERS, AND THE NON-ACADEMIC STAFF APPOINT ONE MEMBER AND THE ALUMNI ELECT EIGHT MEMBERS ALL REMAINING TRUSTEES ARE ELECTED BY THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED TO REVIEW THE FORM 990 IN ADVANCE OF FILING, THE UNIVERSITY PRESENTS A DRAFT OF FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AT THEIR SPRING MEETING WHICH GENERALLY OCCURS IN MARCH OF EACH YEAR. FURTHER, PRIOR TO THE SPRING AUDIT COMMITTEE MEETING, ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES ARE NOTIFIED OF MATERIALS BEING REVIEWED BY THE COMMITTEE AND A DRAFT FROM 990 IS INCLUDED IN THIS NOTIFICATION. IF ANY CHANGES ARE MADE, PRIOR TO FILING, THE FINAL 990 IS POSTED TO THE BOARD OF TRUSTEES PASSWORD-PROTECTED WEBSITE. AN EMAIL NOTIFICATION IS SENT TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES INFORMING THEM THAT CHANGES HAVE BEEN MADE WITH A LINK TO THE SECURE WEBSITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY INFORMATION ON MONITORING CONFLICT OF INTEREST UNDER THE UNIVERSITYS CONFLICT OF INTEREST POLICY, OFFICERS, DIRECTORS, AND OTHER KEY EMPLOYEES AND FACULTY MEMBERS MUST FILE AN ANNUAL CONFLICT OF INTEREST STATEMENT ANY CONFLICT IDENTIFIED IS REPORTED TO THE APPROPRIATE OFFICE RESPONSIBLE FOR MANAGING THE CONFLICT, SUCH AS THE REAL ESTATE OFFICE FOR REAL ESTATE MATTERS THIS PROCEDURE IS DESIGNED TO HELP ENSURE THAT SUCH TRANSACTIONS ARE SUBJECT TO ADDITIONAL REVIEW AND AUTHORIZATION ANY MEMBER OF THE BOARD OF TRUSTEES, BOARD OF OVERSEERS, AN OFFICER OF THE CORPORATION, OR OTHER SENIOR ADMINISTRATOR MUST REPORT ANNUALLY, IN WRITING, ANY EXTERNAL INTERESTS, OR THOSE OF A FAMILY MEMBER OR ASSOCIATE, TO THE UNIVERSITY COUNSEL AND SECRETARY OF THE CORPORATION THE UNIVERSITY COUNSEL AND SECRETARY OF THE CORPORATION WILL ADVISE THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REGARDING SUCH MATTERS AS NECESSARY INCLUDING DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AND HOW CORNELL UNIVERSITY SHOULD BEST MANAGE A CONFLICT OF INTEREST AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WHEN HE OR SHE, A MEMBER OF HIS OR HER FAMILY, OR AN ASSOCIATE (TO HIS OR HER PRESENT KNOWLEDGE) EITHER (1) HAS AN EXISTING OR POTENTIAL SIGNIFICANT FINANCIAL INTEREST OR OTHER MATERIAL INTEREST OR RELATIONSHIP THAT IMPAIRS OR MIGHT APPEAR TO IMPAIR THE INDIVIDUALS INDEPENDENCE AND OBJECTIVITY IN THE DISCHARGE OF HIS OR HER RESPONSIBILITIES TO THE UNIVERSITY, OR (2) MAY RECEIVE A FINANCIAL OR OTHER MATERIAL BENEFIT FROM INFORMATION CONFIDENTIAL TO THE UNIVERSITY TYPICALLY, A CONFLICT OF INTEREST MAY ARISE WHEN AN INDIVIDUAL HAS THE OPPORTUNITY TO INFLUENCE THE UNIVERSITYS BUSINESS, ADMINISTRATIVE, ACADEMIC, OR OTHER DECISIONS IN WAYS THAT COULD LEAD TO PERSONAL GAIN OR ADVANTAGE OF ANY KIND UPON FULL REPORTING, THE UNIVERSITY MAY APPROVE A TRANSACTION OR AFFILIATION, PROVIDED THAT THE CONFLICT CAN BE MANAGED IN MANY CASES, THE CONFLICT CAN BE MANAGED THROUGH DISCLOSURE IN SOME CASES, THE INDIVIDUAL MAY BE REQUIRED TO REPORT ON THE CONFLICT ANNUALLY THE UNIVERSITY WILL DISAPPROVE THE TRANSACTION OR AFFILIATION IF A CONFLICT OF INTEREST IS INVOLVED THAT CANNOT BE MANAGED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 12-14	CORNELL UNIVERSITY HAS ADOPTED POLICIES COVERING THE SUBJECTS OF CONFLICTS OF INTEREST, WHISTLEBLOWERS, AND DOCUMENT RETENTION AND DESTRUCTION, AS WELL AS OTHER SIGNIFICANT POLICIES, EACH OF WHICH IS POSTED ON ITS WEBSITE AT POLICY.CORNELL.EDU. THE CORNELL UNIVERSITY POLICY PROMULGATION PROCESS WAS ESTABLISHED IN 1991. THE CURRENT POLICY PROMULGATION PROCESS DOES NOT REQUIRE THAT EACH SPECIFIC POLICY BE APPROVED BY THE BOARD OF TRUSTEES OR THAT THE LITERAL AUTHORITY TO PROMULGATE POLICY WAS DELEGATED, HOWEVER, CORNELL TAKES A SUBSTANTIATED POSITION THAT THE AUTHORITY TO PROMULGATE POLICIES WAS DELEGATED TO EACH EXECUTIVE BODY BY THE AUDIT COMMITTEE IN 1991.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>PROCESS FOR DETERMINING COMPENSATION THE UNIVERSITY HAS FORMAL PROCEDURE TO AUTHORIZE AND MANAGE COMPENSATION ISSUES THE PROCEDURES IDENTIFIED BELOW APPLY TO ALL OFFICERS, ALL FORMER OFFICERS WHO CONTINUE TO PROVIDE SERVICES TO THE INSTITUTION AS A WHOLE, AND ALL EMPLOYEES WHOSE COMPENSATION EXCEEDS A PRE-ESTABLISHED THRESHOLD THE VICE PRESIDENT AND CHIEF HUMAN RESOURCES OFFICER (VP) DEVELOPS THE LIST OF INDIVIDUALS SUBJECT TO REVIEW AND OBTAINS COMPARATIVE DATA FROM EXTERNAL, INDEPENDENT CONSULTING FIRMS THE VP AND HER INTERNAL STAFF DEVELOP FORMAL PRESENTATIONS FOR THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD THE COMPENSATION COMMITTEE REVIEWS THE INFORMATION, MODIFIES IT IF DEEMED APPROPRIATE, APPROVES CASES PER ITS DELEGATED AUTHORITY, AND INFORMS THE EXECUTIVE COMMITTEE OF THOSE APPROVALS THE COMPENSATION COMMITTEE RECOMMENDS COMPENSATION FOR CASES EXCEEDING ITS AUTHORITY FOR FINAL REVIEW AND APPROVAL TO THE EXECUTIVE COMMITTEE OF THE BOARD IN ADDITION, THE UNIVERSITY MAINTAINS CONTEMPORANEOUS WRITTEN RECORDS OF THE PROCEDURES THAT, TOGETHER WITH THE FOREGOING, GIVE RISE TO A REBUTTABLE PRESUMPTION OF REASONABLENESS</p> <p>NOTE COMPENSATION PROPOSALS WHICH OCCUR OUTSIDE THE SPRING TIMELINE AND REQUIRE COMPENSATION COMMITTEE AND/OR EXECUTIVE COMMITTEE APPROVAL ARE PRESENTED FOR REVIEW AND APPROVAL IN PRIVATE SESSION OF THE APPROPRIATE COMMITTEE IF THERE IS DISCRETIONARY COMPONENT OF COMPENSATION, IT IS LIMITED BY AMOUNT, PERCENTAGE, OR OTHER CLEARLY SPECIFIED CRITERIA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 16A	PROCEDURES FOR PARTICIPATION IN JOINT VENTURES THE UNIVERSITY HAS NUMEROUS CONTROLS IN PLACE TO ENSURE THAT ANY INVESTMENT IN, CONTRIBUTION OF ASSETS TO, OR PARTICIPATION IN A JOINT VENTURE OR SIMILAR ARRANGEMENT WITH A TAXABLE OR NON-TAXABLE ENTITY ARE IN FULL COMPLIANCE WITH UNIVERSITY POLICIES, INCLUDING, BUT NOT LIMITED TO, THE POLICY ON TRANSACTION AUTHORITY AND UNRELATED BUSINESS INCOME COMPLIANCE WITH THE UNIVERSITYS POLICIES SERVES TO PROTECT THE ORGANIZATIONS EXEMPT STATUS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC THE UNIVERSITYS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE UNIVERSITYS WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, PART IX AND PART X	CURRENT YEAR REVENUE AND EXPENSE PRESENTS DATA OF CORNELL UNIVERSITY DECONSOLIDATED ON EACH LINE FROM ITS RELATED ORGANIZATIONS THAT ARE INCLUDED IN CORNELLS CONSOLIDATED FINANCIAL STATEMENTS BOTH THE BEGINNING OF YEAR AND END OF YEAR BALANCE SHEETS FOR CORNELL UNIVERSITY HAVE BEEN PRESENTED DECONSOLIDATED FROM THE RELATED ORGANIZATIONS INCLUDED IN CORNELLS CONSOLIDATED FINANCIAL STATEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 1H	THE CORNELL UNIVERSITY FOUNDATION IS A DONOR ADVISED FUND PROVIDING A SERVICE FOR CORNELL ALUMNI AND FRIENDS WHO WISH TO MAKE CHARITABLE GIFTS THROUGH THE STRUCTURE OF A DONOR-ADVISED FUND AMOUNTS GRANTED FROM THIS FOUNDATION TO CORNELL UNIVERSITY HAVE BEEN INCLUDED IN THE CONTRIBUTION TOTAL FOR CORNELL UNIVERSITY BEGINNING WITH THE 2014 FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES TO NET ASSETS Pension and post retirement changes 31,401,978 Loss on swap t ermination (61,548,727) Changes in FMV of split interest 2,309,191 ----- TOTAL (27,8 37,558)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FASB STANDARD IMPLEMENTED	<p>FINANCIAL INFORMATION ON THE FORM 990 IS BASED ON THE UNIVERSITY'S AUDITED FINANCIAL STATEMENTS. SEVERAL ACCOUNTING PROVISIONS WERE IMPLEMENTED IN THE AUDITED FINANCIAL STATEMENTS FOR FISCAL YEAR ENDED JUNE 30, 2019. THESE CHANGES BECOME AN INTEGRAL PART OF THE FORM 990 FINANCIAL INFORMATION ON THIS RETURN. AS A RESULT, COMPARISON OF YEAR OVER YEAR NUMBERS FOR PARTICULAR LINE ITEMS REFLECT, IN PART, THE REQUIRED CHANGE IN ACCOUNTING, RATHER THAN A CHANGE IN THE UNDERLYING OPERATIONS OF THE UNIVERSITY. DURING THE FISCAL YEAR, THE UNIVERSITY IMPLEMENTED THREE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) STANDARDS: FORM 990, PART VIII, LINE 2B ASU 2018-08- NOT-FOR-PROFIT ENTITIES (TOPIC 958) CLARIFYING THE SCOPE AND ACCOUNTING GUIDANCE FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE. THE AMENDMENTS ARE INTENDED TO ASSIST IN EVALUATING WHETHER TRANSACTIONS SHOULD BE ACCOUNTED FOR AS CONTRIBUTIONS OR AS EXCHANGE TRANSACTIONS SUBJECT TO OTHER GUIDANCE AND IN DETERMINING WHETHER A CONTRIBUTION IS CONDITIONAL. FORM 990, PART VIII, LINE 5 ASU 2014-09- REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) AIMS TO PROVIDE A COMPREHENSIVE, INDUSTRY-NEUTRAL REVENUE RECOGNITION MODEL TO INCREASE FINANCIAL STATEMENT COMPARABILITY ACROSS COMPANIES AND INDUSTRIES, AND SIGNIFICANTLY REDUCE THE COMPLEXITY INHERENT IN TODAY'S REVENUE RECOGNITION GUIDANCE. ALL APPLICABLE REQUIREMENTS OF THIS STANDARD ARE REPRESENTED THROUGHOUT THE FINANCIAL STATEMENTS AND NOTES. FORM 990, PART X, LINE 27 ASU 2016-04 - NOT-FOR-PROFIT ENTITIES (TOPIC 958) PRESENTATION OF FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES AIMS TO IMPROVE THE INFORMATION PRESENTED IN FINANCIAL STATEMENTS AND NOTES ABOUT A NOT-FOR-PROFIT ENTITY'S LIQUIDITY, FINANCIAL PERFORMANCE, AND CASH FLOWS. ALL OF THESE ENHANCEMENTS ARE REPRESENTED THROUGHOUT THE FINANCIAL STATEMENTS AND NOTES.</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Cornell University

Employer identification number
15-0532082

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CORNELL UNIVERSITY FOUNDATION UK LTD 19 NORCOTT ROAD LONDON N16 78J UK	UK DONATIONS	UK	1,311,968	161	CORNELL UNIV
(2) LENROC GLOBAL LLC 300 CCC BLDG235 GARDEN AV ITHACA, NY 14853 47-5629659	SUPPORTING	NY	926,105	586,635	CORNELL UNIV
(3) Weill Cornell International LLC 445 E69th Street New York, NY 10021 84-1768308	SUPPORT ORG	NY	0	0	Cornell Univ
(4) Cornell Graduate Hotel Mezz Lender LLC 341 Pine Tree Rd Ithaca, NY 14850 83-2647810	SUPPORT ORG	DE	117,169	15,117,169	Cornell Univ

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ITHACA LP 35 THORNWOOD ITHACA, NY 14850	INVESTMENTS	JE	CORNELL UNIV	RELATED	-256,808	3,435,961		No	0		No	99.690 %
(2) Hudson Cornell Residential JV 826 Broadway NY, NY 10003	Real Estate	NY	Cornell Univ	RELATED	-3,114,045	29,149,145		No	0		No	86.590 %
(3) Cayuga 1993 LP 555 Main St Racine, WI 53403	Investments	WI	Cornell Univ	RELATED	1,051,030	13,137,881		No	0		No	62.970 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) TOWER INNOVATIVE LEARNING SOLUTIONS INC 950 DANBY ROAD ITHACA, NY 14850 16-1593492	DIST LEARNING	NY	CORNELL UNIV	C Corp	52,162,888	29,433,497	100.000 %	Yes	
(2) Lenroc Real Estate Brokerage Inc 15 THORNWOOD DR ITHACA, NY 14850 16-1450466	REAL ESTATE	NY	CORNELL UNIV	C Corp	29,762	45,111	100.000 %	Yes	
(3) UNIVERSITY VETERINARY SPECIALISTS INC 800 CANAL ST STAMFORD, CT 06902 27-2461725	VET SERVICES	CT	CORNELL UNIV	C Corp	16,713,243	11,450,263	100.000 %	Yes	
(4) CHARITABLE REMAINDER TRUSTS (46)	INVESTMENT	NY	CORNELL UNIV		0	0		Yes	
(5) CHARITABLE LEAD TRUST (6)	INVESTMENT	NY	CORNELL UNIV		0	0		Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a Yes

b Gift, grant, or capital contribution to related organization(s)

1b

No

c Gift, grant, or capital contribution from related organization(s)

1c Yes

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f Yes

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l Yes

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

No

q Reimbursement paid by related organization(s) for expenses

1q

No

r Other transfer of cash or property to related organization(s)

1r Yes

s Other transfer of cash or property from related organization(s)

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 15-0532082
Name: Cornell University

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6 EAST 44TH ST NEW YORK, NY 10017 16-1301416	SOCIAL CLUB	NY	501(c)(7)		CORNELL UNIV	Yes	
575 LEXINGTON AVE NEW YORK, NY 10022 13-3366821	MEDICAL SERV	NY	501(c)(3)	12B TYPE II	CORNELL UNIV	Yes	
15 THORNWOOD DR ITHACA, NY 14850 16-1450535	PROPERTY SERV	NY	501(c)(3)	12D TYPEIII	CORNELL UNIV	Yes	
CORNELL UNIV DAY HALL ITHACA, NY 14850 16-6050703	HOLDS IP PROP	NY	501(c)(2)		CORNELL UNIV	Yes	
130 SENECA PLACE ITHACA, NY 14850 22-2572815	SUPPORT ORG	NY	501(c)(3)	12A TYPE I	CORNELL UNIV	Yes	
130 SENECA PLACE ITHACA, NY 14850 22-2848738	SUPPORT ORG	NY	501(c)(3)	12A TYPE I	CORNELL UNIV	Yes	
575 LEXINGTON AVE NEW YORK, NY 10022 13-3366820	MEDICAL SERV	NY	501(c)(3)	10	CORNELL UNIV	Yes	
1209 ORANGE ST WILMINGTON, DE 19801 46-1979945	SUPPORT ORG	DE	501(c)(3)	12A TYPE I	NA		No
575 LEXINGTON AVENUE SUITE 9TH FL NEW YORK, NY 10022 13-6094042	SUPPORT ORG	NY	501(C)(3)	12A TYPE I	CORNELL UNIV	Yes	
10 S DEARBORN IL1-0117 CHICAGO, IL 60603 16-1457001	SUPPORT ORG	IL	APP PENDING		CORNELL UNIV	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) Cornell University Foundation	c	13,143,374	FMV
(1) Hudson Cornell Residential JV LLC	a	8,626,240	FMV
(2) Ecornell (Towers Innovation Learning Sol)	a	6,637,359	FMV
(3) Samuel Curtis Johnson Foundation	c	2,827,618	FMV
(4) Hudson Cornell Residential JV LLC	r	2,186,169	FMV
(5) University Veterinary Specialists Inc	f	1,093,423	FMV
(6) Friends of the Lab of Ornithology	c	1,600,000	FMV
(7) Hudson Cornell Residential JV LLC	r	1,462,249	FMV
(8) Cornell University Foundation UK LTD	c	1,310,889	FMV
(9) Cornell Real Property Services Inc	L	50,000	FMV